


MAR 24 1958

		
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JANUARY, 1914

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

MAR 24 1958

STATE BOARD OF HEALTH

Edward K. Root, M.D., Hartford

Albert W. Phillips, M.D., Derby

Lewis Sperry, Esq., South Windsor

Arthur J. Wolff, M.D., Hartford

Louis J. Pons, M.D., Milford

J. Frederick Jackson, C.E., Hamden

Joseph H. Townsend, M.D., Secretary

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	Estimated Population.	Living Births in December.	Still Births in December.	Marriages in December.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Pox.
Total for State.	1,176,621	2,529	92	612	1,655	16.9	157	67	..
1 Ansonia,	15,893	41	..	3	23	17.3	...	...	..
2 Branford,	6,149	8	..	3	11	21.4	3	2	..
3 Bridgeport,	111,371	294	7	71	170	17.6	...	...	..
4 Bristol,	14,659	31	..	6	9	7.3	1	2	..
5 Danbury,	24,710	47	..	9	30	14.5	7	2	..
6 Derby,	9,309	31	..	4	21	24.4	5	2	..
7 East Hartford,	8,657	15	..	5	8	11.0	1	2	..
8 Enfield,	10,625	18	5	8	13	14.6	1	2	..
9 Fairfield,	6,627	15	..	4	13	23.5	2	2	..
10 Greenwich,	17,750	33	..	11	28	18.9	...	...	..
11 Groton,	6,654	7	..	1	4	7.2	...	...	..
12 Hamden,	6,217	18	..	4	7	13.5	1	...	..
13 Hartford,	104,634	262	15	59	160	14.9	...	...	..
14 Huntington,	6,836	17	2	4	11	19.3	...	...	..
15 Killingly,	6,483	13	..	8	11	20.3	2	...	..
16 Manchester,	14,553	26	3	12	8	6.5	...	...	..
17 Meriden,	33,077	62	1	18	51	18.5	...	...	..
18 Middletown,	21,727	44	..	7	28	12.7	...	...	..
19 Naugatuck,	13,376	29	..	5	12	10.7	1	1	..
20 New Britain,	48,630	150	8	16	55	13.0	16	8	..
21 New Haven,	141,278	360	17	110	238	18.2	32	17	..
22 New London,	20,292	41	3	14	30	17.7	...	...	..
23 New Milford,	5,071	12	..	1	8	18.9	3	...	..
24 Norwalk,	25,494	45	1	18	40	18.3	5	...	..
25 Norwich,	29,293	50	1	18	31	12.6	...	...	..
26 Orange,	12,555	21	..	8	12	11.4	2	2	..
27 Plainfield,	7,288	14	1	...	4	6.5	2	...	..
28 Plymouth,	5,678	13	1	...	3	6.3	3	...	..
29 Putnam,	7,260	16	..	2	11	18.1	1	...	..
30 Seymour,	5,159	12	..	...	7	16.2	1	1	..
31 Southington,	6,703	12	..	...	4	7.1	...	...	..
32 Stafford,	5,513	13	..	3	7	15.2	1	1	..
33 Stamford,	31,835	68	5	26	41	14.3	...	...	..
34 Stonington,	9,338	15	1	4	18	23.1	1	1	..
35 Stratford,	6,328	16	..	1	13	24.6	3	...	..
36 Torrington,	18,156	33	1	8	16	10.5	4	2	..
37 Vernon,	9,268	13	..	1	10	12.9	1	...	..
38 Wallingford,	11,801	34	1	5	16	16.2	...	...	..
39 Waterbury,	79,741	201	8	32	100	13.8	24	13	..
40 West Hartford,	5,294	4	..	...	2	4.5	...	...	..
41 Winchester,	8,953	16	1	5	9	9.3	...	...	..
42 Windham,	13,344	29	2	8	15	13.4	4	...	..
Total of above towns, ..	953,579	2,199	84	522	1,308	16.4	127	60	..
Towns of less than 5,000,	223,042	330	8	90	282	15.6	30	7	..
Deaths in State Inst's., ..	...	...	..	...	65	...	...	...	..

The Mortality in Hospitals of the State was: in Bridgeport, 33; in Danbury, 2; in Derby, in New Haven, 101; in New London, 6; in Norwalk, 6; in Putnam, 2; in Stamford, 9; in from the mortality of their respective towns in estimating the death rates of those towns.

HEALTH FOR THE MONTH OF JANUARY, 1914.

FOR DECEMBER, 1913.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhoea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.	
20	10	25	1	1	35	6	9	4	..	20	120	19	257	42	76	101	909	
..	..	1	..	..	2	..	..	..	..	1	..	..	3	1	2	1	12	1
..	1	..	..	..	1	..	..	..	..	..	1	..	3	..	..	1	4	2
9	1	2	1	..	4	..	1	..	..	6	7	2	31	8	6	13	79	3
..	1	..	..	..	..	..	..	..	2	..	1	1	4	4
..	1	..	..	..	3	1	5	..	..	2	18	5
..	1	..	6	..	2	2	10	6
..	1	1	..	..	..	..	1	..	1	..	1	..	3	7
..	..	1	..	..	..	..	..	1	..	..	1	..	2	..	..	1	7	8
..	1	..	..	..	..	..	..	..	..	6	1	..	..	5	9
..	3	..	..	..	..	..	..	..	4	1	1	2	17	10
..	1	..	3	11
..	1	..	1	..	5	12
..	1	1	..	..	4	3	1	..	..	2	7	1	26	2	9	9	94	13
1	1	..	..	..	..	1	1	..	2	..	..	2	3	14
..	1	3	1	..	6	15
..	1	..	1	..	..	1	5	16
..	..	3	..	..	..	..	..	..	..	..	3	1	8	3	2	..	31	17
1	1	..	1	..	..	..	3	1	3	1	..	4	13	18
..	1	1	1	..	4	5	19
3	1	..	1	..	..	..	5	1	10	2	3	5	24	20
2	1	1	..	..	6	1	2	2	..	2	17	4	40	3	9	20	128	21
..	1	5	1	1	1	21	22
..	1	2	..	..	1	1	2	1	23
..	..	1	..	..	..	..	..	..	..	..	5	..	5	1	1	2	25	24
..	..	1	..	..	..	..	..	..	..	..	2	..	6	1	1	1	19	25
..	2	1	1	2	6	26
..	1	1	..	..	..	..	..	2	27
..	3	28
..	1	..	4	..	..	..	6	29
..	..	2	..	..	..	..	..	..	..	..	1	..	..	..	..	..	4	30
..	1	..	..	..	3	31
..	1	..	2	..	..	..	4	32
1	1	..	..	2	3	1	8	1	2	1	21	33
..	1	..	4	..	2	..	11	34
..	1	..	..	..	..	..	..	..	1	1	..	1	9	35
..	..	1	..	..	..	..	..	..	..	2	1	..	1	..	2	2	7	36
..	1	..	..	9	37
..	1	..	..	1	..	3	1	1	1	8	38
3	5	..	..	..	8	..	..	..	..	1	6	2	13	..	6	5	51	39
..	1	..	..	..	..	1	..	40
..	3	..	..	1	5	41
..	6	1	..	..	8	42
20.	9	14	1	1	34	5	8	4	..	19	77	16	220	35	58	88	699	
..	1	11	..	..	1	1	1	..	..	1	7	3	33	7	18	12	186	
..	36	..	4	..	..	1	24	

4; in Greenwich, 5; in Hartford, 75; in Meriden, 6; in Middletown, 5; in New Britain, 6; Waterbury, 28; in Winchester, 2; and in Windham, 3. Non-residents in these are deducted

VITAL STATISTICS FOR JANUARY, 1914.

By mortality reports received there were 1,655 deaths during the month of January. This was 107 more than in December and 41 more than in January of last year, and 90 more than the average number of deaths during January for the five years preceding :

	1914	1913	1912	1911	1910	1909
January	1,655	1,614	1,600	1,760	1,498	1,367

The death rate was 16.4 for the large towns, for the small towns 15.6, and for the whole state 16.9.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

SMALL POX.—Hartford, 14; Manchester, 1; Plainfield, 1; Rockville (city), 1; Sprague, 1; Stafford, 1; Stafford Springs (borough), 1; West Hartford, 2; —Total 22 in 8 towns.

MEASLES.—Andover, 1; Ansonia, 1; Beacon Falls, 1; Bloomfield, 5; Bridgeport, 138; Canton, 20; Chatham, 1; Cheshire, 1; Cromwell, 5; Durham, 2; Eastford, 2; Enfield, 1; Fairfield, 5; Farmington, 77; Greenwich, 2; Guilford, 1; Haddam, 3; Hamden, 3; Hartford, 16; Huntington, 46; Kent, 1; Meriden (city), 134; Meriden (town), 30; Middletown (city), 180; Middletown (town), 70+; Milford, 6; Naugatuck, 7; New Britain, 8; New Canaan, 3; New Haven, 26; New London, 1; New Milford, 6; Newtown, 2; Norwalk (city), 27; Orange, 14; Plainville, 1; Pomfret, 1; Portland, 4+; Ridgefield (town), 30; Ridgefield (borough), 18; Saybrook, 1; Seymour, 2; Southington, 1; Stamford (city), 182; Stamford (town), 111; Stonington, 1; Stratford, 20; Trumbull, 14; Wallingford, 27; Waterbury, 7; Watertown, 1; Westport, 1; Willimantic (city), 2; Wilton, 12.—Total, 1,172+ in 53 towns.

SCARLET FEVER.—Ansonia, 2; Berlin, 1; Bethel, 1; Bloomfield, 3; Branford, 9; Bridgeport, 26; Bristol, 6; Canaan, 4; Canton, 6; Cheshire, 1; Danbury (city), 2; Derby, 1; East Haven, 1; East Windsor, 2; Enfield, 5; Farmington, 1; Greenwich, 3; Griswold, 1; Hamden, 5; Hartford, 7; Manchester, 12; Middletown, 1; Milford, 2; Monroe, 1; Naugatuck, 1; New Britain, 6; New Haven, 34; New London, 2; Newtown, 1; North Haven, 3; Norwalk (city), 4; Norwich, 2; Orange, 13; Plymouth, 1; Saybrook, 14; Shelton (borough), 4; Southington, 1; Stamford (city), 2; Stamford (town), 1; Stonington, 2; Stratford, 2; Suffield, 3; Tolland, 1; Torrington, 2; Voluntown, 1; Wallingford, 2; Waterbury, 22; Waterford, 4; Watertown, 1; Willimantic (city), 2; Wilmington, 2; Windsor, 1; Woodstock, 3.—Total, 240 in 53 towns.

CEREBRO-SPINAL FEVER.—New Britain, 1; Plainfield, 1; Waterford, 1.—Total, 3 in 3 towns.

INFANTILE PARALYSIS.—Ansonia, 1; Fairfield, 1.

DIPHTHERIA.—Ansonia, 5; Berlin, 2; Bethany, 1; Branford, 5; Bridgeport, 31; Bristol, 2; Burlington, 1; Danbury (city), 10; Darien, 1; Derby, 3; East Hartford, 2; Farmington, 5; Glastonbury, 3; Greenwich, 4; Groton (borough), 1; Guilford, 1; Hartford, 59; Huntington, 1; Manchester, 2; Meriden (city), 4; Middletown (city), 2; Milford, 1; Naugatuck, 4; New Britain, 6; New Canaan, 1; New Hartford, 1; New Haven, 58; North Branford, 1; Norwalk (city), 3; Norwich (city), 2; Norwich, 1; Orange, 3; Plainville, 2; Putnam, 2; Rockville (city), 4; Rocky Hill, 1; Scotland, 2; Shelton (borough), 1; Southington, 1; Stamford (city), 1; Thomaston, 1; Torrington, 4; Wallingford, 3; Waterbury, 37; Westport, 1; Wethersfield, 1; Willimantic (city), 9; Wilton, 1; Winsted (borough), 1.—Total, 298 in 49 towns.

WHOOPING COUGH.—Bridgeport, 2; Canton, 5; Danbury (city), 5; Glastonbury, 6; Hampton, 3; Hartford, 6; Middletown (city), 1; Middletown (town), "few cases"; New Britain, "many"; New London, 1; Norfolk, 2; North Branford, 2; Portland, 1; Redding, 4; Seymour, 1; Simsbury, 4; Stamford (city), 15; Torrington, 5; Trumbull, 8; Waterbury, 1; West Hartford, 1; Willimantic (city), 4; Wilton, 20; Winsted (borough), 2; Woodstock, 4.—Total, 103 in 25 towns.

TYPHOID FEVER.—Bridgeport, 2; Bristol, 1; Brooklyn, 1; Chatham, 1; Danbury (city), 2; Greenwich, 1; Groton, 1; Hamden, 1; Hartford, 1; New Haven, 2; Wallingford, 2.—Total, 15 in 11 towns.

TUBERCULOSIS.—Ansonia, 1; Beacon Falls, 1; Bridgeport, 18; Bristol, 2; Brookfield, 3; Canton, 1; Cromwell, 1; Danbury (city), 3; Derby, 1; East Hartford, 1; Enfield, 1; Hamden, 1; Hartford, 10; Manchester, 3; Meriden (city), 1; Meriden (town), 3; Naugatuck, 2; New Britain, 4; New Hartford, 1; New Haven, 41; New London, 4; New Milford, 1; Norwalk (city), 3; Norwich (city), 4; Norwich (town), 8; Old Lyme, 2; Orange, 1; Plainfield, 1; Preston, 3; Putnam, 1; Seymour, 2; Simsbury, 4; Stamford (city), 5; Torrington, 1; Waterbury, 10; West Hartford, 2; Westport, 1; Willimantic (city), 3.—Total, 155 in 38 towns.

In addition to the above the Health Officers of 64 towns report that they have not been notified of any infectious diseases.

All the Health Officers of New Haven, Fairfield, and Tolland Counties have reported, but the Health Officers of the following towns have not reported:

HARTFORD CO.—Avon, Marlborough, Windsor Locks.

NEW LONDON CO.—East Lyme, Lyme.

WINDHAM CO.—Canterbury.

LITCHFIELD CO.—Cornwall, Goshen, Warren, Woodbury.

MIDDLESEX CO.—Middlefield.

The following **DEATHS** from infectious diseases are reported by the **REGISTRARS** in towns of less than 5,000 population:

SCARLET FEVER.—Saybrook, 1.

LA GRIPPE.—Coventry, 1; East Lyme, 1; Franklin, 1; Haddam, 1; Mansfield, 3; Milford, 1; Old Lyme, 1; Suffield, 1; Thomaston, 1.—Total, 11.

DIPHTHERIA.—Voluntown, 1.

WHOOPING COUGH.—Portland, 1.

TUBERCULOSIS.—Granby, 1; Milford, 1; Old Lyme, 1; Plainville, 1; Thompson, 1; Westport, 1; Woodstock, 1.—Total, 7.

Report of specimens examined at the Laboratory of the State Board of Health during the month of January:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis.....	31	89	4	124
release.....	45	86	7	138
School Exams.....	5	93	0	98
Typhoid Fever.....	8	36	1	45
Tuberculosis.....	28	95	0	123
Malaria.....	0	7	0	7
Glanders.....	10	7	1	18
Syphilis.....	11	27	3	41
Miscellaneous.....	0	5	0	5
Total specimens examined.....				599
Samples of milk analyzed.....				271
“ “ water examined.....				33
Sewage and effluents examined.....				4
Oil samples examined.....				4

THE CONFERENCE OF THE HEALTH OFFICIALS OF CONNECTICUT.

The seventh State conference of health officials will be held in New Haven the latter part of March. The meeting will last one day and will be given up principally to a discussion of stream pollution. Papers will be read by Hon. Lewis Sperry on the Legal Aspects; Mr. J. F. Jackson on the Engineering Aspects; Mr. J. A. Newlands on Pollution by Factory Wastes; and Mr. E. Hart Fenn, on the Economic Aspects as related to the growth of fish and oysters. A complete program will appear in our next issue.

THE BULLETIN.

The BULLETIN, after twenty-seven years continuous publication, with this issue appears in new form. The bulletins of some other states have been more pretentious, but none have appeared with greater regularity. During this twenty-seven years it has never failed to appear each month and with few exceptions on the fifteenth of the month. We believe that this change will make it more convenient to handle and will more readily permit of expansion for the publication of additional items to meet the steadily increasing interest of all classes of citizens in health problems. The bulletin is sent to all health officers and registrars of vital statistics. They should carefully read and file for future reference. This is important, as we expect to print instructions and general information, to which they may need to refer.

PASTEURIZATION OF MILK.

All over the country there is to-day a rapid extension of the practise of pasteurizing milk. Some of the larger cities (New York and Chicago) have passed statutes requiring the pasteurization of all milk except that from tuberculin-tested cattle. This growing demand for pasteurization comes from the increasing realization of the fact that milk is a medium for distributing *tuberculosis*, *typhoid*, *diphtheria*, *scarlet fever*, *septic sore throat*, and *intestinal troubles*, the past ten years having shown hundreds of serious epidemics traced to the milk supply. Moreover it has been realized also that no safeguards placed around milk at its sources can wholly remove these dangers; for occasionally such epidemics have been traced even to certified milk which has been produced under as ideal conditions as it is possible to devise. A typhoid bacillus carrier may at any time unconsciously be employed in a dairy and be the means of a typhoid epidemic among the patrons of the dairy. The impossibility of sufficiently guarding milk at its source has led health authorities to urge pasteurization as the only means of protecting the public from these considerable dangers. This is urged the more confidently because by the American method of pasteurizing, the milk may be rendered safe without changing its physical or chemical character, or its digestibility. As carried out in Europe, pasteurization slightly injures the taste and the food value of the milk, but a higher temperature is used there than on this side of the Atlantic. The American method of pasteurization consists in heating the milk to 140 to 145 degrees and maintaining that temperature for half an hour. Such a treatment does not affect the taste, the cream line, or the digestibility of the milk; but it does destroy all the disease germs that get into the milk and render it safe even for use as food by the delicate infant. Public pasteurization or home pasteurization are equally efficient if performed with care. The only perfectly safe milk for drinking purposes is that which has been pasteurized.

VACCINATION PROPAGANDA.

Discussing the physical vigor of school children and how to preserve it, Dr. S. Adolphus Knopf, in the December 13 issue of the *New York Medical Journal*, speaks of the necessity and effect of vaccination against smallpox as follows:

"Vaccination against smallpox should be a requisite to admission to any school, public, parochial, or private, and periodical revaccination, particularly in times of epidemics, obligatory to continued attendance at school.

"Parents objecting to vaccination should be obliged to maintain their own schools. It would prove the best propaganda for compulsory vaccination. An additional and effective means to educate antivaccinationists and to convince them of their folly is to send them the authentic records wherein it is shown that in epidemics the nonvaccinated individuals have died and the vaccinated ones survived. A good authoritative statement to give to the antivaccinationists is the following: In Germany, where vaccination has been compulsory for many years, there has only been an average of fifty-three deaths annually from smallpox, while in Russia, where there exist no compulsory vaccination law, for the same population there have been forty thousand deaths from smallpox annually. There is virtually not the slightest risk from a careful antiseptic vaccination against smallpox made with pure virus. Thus, for example, in the Philippines two million vaccinations were made without a single case of serious infection. But we need not go to the Philippines or foreign lands for a lesson. In a health bulletin, we read the following: 'Smallpox, in the first decade of which we possess records, killed sixty-six persons out of every 100,000 of the population of New York City. Until 1875, when 1,280 deaths were reported from this cause, practically no preventive measures had been undertaken by the authorities, but the high mortality of that year stirred the city officials to action and free vaccination by the Department of Health was then established and has been in constant operation ever since. In the decade 1874-1883, smallpox caused the deaths of 247 out of every 100,000 of the population. During the decade just elapsed, less than one person out of every 100,000 of the population died from this disease. Notwithstanding this eloquent lesson on the necessity of the thorough vaccination of communities, there still exist antivaccinationists who pass fiery resolutions in their society meetings and heap contumely upon the heads of officials who are charged with caring for the physical welfare of our citizens.'"

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23 New Milford,	5,071	11	..	6	5	11.8
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26 Orange,	12,555	15	..	10	14	13.3	2
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30 Seymour,	5,159	14	..	4	5	11.6	2	1	..
31 Southington,	6,703	8	..	7	7	12.5	1	2	..
32 Stafford,	5,513	7	..	2	7	15.2	1	1	..
33 Stamford,	31,835	68	1	28	62	21.1	10	15	..
34 Stonington,	9,338	14	..	12	13	16.7	2
35 Stratford,	6,328	8	1	3	5	9.4	..	1	..
36 Torrington,	18,156	49	2	21	24	15.8	8	5	..
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29	18	34	1	.	16	23	6	4	.	3	127	18	257	62	76	89	843	
..	4	..	7	1	15	1
7	4	2	4	6	2	9	1	32	9	8	6	3	2
..	..	2	2	..	3	1	7	4
..	..	1	2	1	1	5	2	2	..	1	15	5
..	2	1	4	4	5	6
..	..	2	1	2	1	1	..	4	7
..	2	1	1	..	11	8
..	1	..	3	3	9
..	1	2	..	4	6	14	10
..	1	..	2	1	4	11
2	1	1	..	1	1	1	..	3	..	1	..	2	12
..	9	5	31	2	7	9	109	13
..	1	6	14
..	2	..	3	1	4	15
3	1	1	1	1	1	3	2	4	16
1	1	2	1	..	7	2	3	..	10	17
..	2	1	1	4	..	2	2	25	18
..	..	1	1	3	..	6	5	4	3	27	20
2	..	3	1	..	1	17	5	31	8	12	14	118	21
..	1	2	1	3	..	2	1	23	22
..	1	..	1	..	3	23
..	..	3	1	1	1	5	3	4	3	15	24
..	..	3	2	..	6	2	2	4	16	25
..	1	1	..	5	7	26
..	3	27
1	2	..	3	2	28
..	1	..	3	1	9	29
..	2	3	30
..	3	2	31
10	..	2	1	2	4	..	10	2	3	4	24	33
..	1	..	12	34
2	1	1	2	1	..	1	..	1	35
..	..	1	2	2	..	1	3	12	36
..	3	..	4	..	1	..	4	37
..	1	..	2	3	..	1	5	38
..	6	1	3	1	8	..	13	4	6	7	56	39
..	1	2	40
..	..	2	1	1	..	2	1	7	41
..	1	..	6	..	2	..	7	42
28	15	25	16	21	4	4	..	3	86	14	222	49	62	76	681	
1	3	7	1	2	1	13	3	31	13	13	13	151	
..	..	2	1	28	1	4	..	1	..	11	

bury, 4; in Derby, 8; in Hartford, 32; in Meriden, 1; in Middletown, 3; in New Haven, 13; in Chester, 4; and in Windham, 1. These are deducted from the total mortality of their

VITAL STATISTICS FOR FEBRUARY, 1914.

By mortality reports received there were 1,606 deaths during the month of February. This was 64 less than in January and 59 more than in February of last year, and 127 more than the average number of deaths during February for the five years preceding:

	1914	1913	1912	1911	1910	1909
January	1,670	1,614	1,600	1,760	1,498	1,367
February	1,606	1,547	1,567	1,556	1,421	1,313

The death rate was 16.4 for the large towns, for the small towns 14.2, and for the whole state 16.5.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

SMALL POX.—Ellington, 1; Hartford, 2; Middletown (City), 3; Middletown (town), 3; Portland, 12; Rockville, 2; Sprague, 8.—Total, 31 in 7 towns.

MEASLES.—Ansonia, 2; Branford, 3; Bridgeport, 112; Burlington, 1; Canton, 1; Chatham, 4; Cheshire, 1; Cornwall, 1; Darien, 7; Durham, 3; East Hartford, 4; Easton, 1; Enfield, 2; Fairfield, 2; Glastonbury, 2; Greenwich, 1; Haddam, "many cases"; Hamden, 32; Hartford, 29; Meriden (city), 50; Meriden (town), 10; Middlefield, 1; Middletown (city), 42; Middletown (town), 30; Milford, 5; Monroe, 1; Naugatuck, 9; New Britain, 5; New Canaan, 10; New Haven, 30; New London, 1; New Milford, 6; Norwalk, 8; Old Lyme, 4; Orange, 19; Plainville, 2; Ridgefield (town), 22; Ridgefield (borough), 19; Seymour, 1; Southington, 3; Stamford (city), 311; Stamford (town), 50; Stratford, 57; Torrington, 30; Trumbull, 5; Wallingford, 4; Waterbury, 3; Waterford, 1; Watertown, 1; Westport 1; Wethersfield, 1; Woodbridge, 1.—Total, 951+ in 52 towns.

SCARLET FEVER.—Ansonia, 1; Beacon Falls, 1; Branford, 13; Bridgeport, 20; Bristol, 2; Canton, 1; Cheshire, 1; Coventry, 1; Danbury, 1; Derby, 2; East Haven, 1; East Lyme, 1; East Windsor, 1; Enfield, 8; Essex, 2; Farmington, 16; Greenwich, 2; Hamden, 1; Hartford, 15; Kent, 2; Killingly, 1; Lebanon, 2; Litchfield, 1; Manchester, 5; Middletown, 1; Milford, 1; Naugatuck, 4; New Britain, 1; New Haven, 46; New London, 4; North Haven, 8; Norwalk, 4; Norwich (city), 2; Old Lyme, 3; Orange, 22; Plainville, 4; Salisbury, 3; Saybrook, 3; Shelton (borough), 1; Southington, 1; Stonington, 1; Stratford, 1; Suffield, 6; Torrington, 1; Wallingford, 3; Waterbury, 26; Watertown,

2; West Hartford, 1; Willimantic (city), 4; Willington, 8; Windsor, 4; Windsor Locks, 1; Winsted (borough), 1.—Total, 268 in 53 towns.

CEREBRO-SPINAL FEVER.—Bloomfield, 1; Canton, 1; Norwalk, 1; Waterbury, 2.—Total, 5 in 4 towns.

DIPHTHERIA AND CROUP.—Ansonia, 2; Branford, 6; Bridgeport, 25; Bridgewater, 1; Canton, 1; Cornwall, 1; Danbury (city), 2; Derby, 3; East Hartford, 2; Enfield, 2; Fairfield, 1; Farmington, 3; Greenwich, 1; Groton (borough), 3; Hamden, 3; Hartford, 45; Meriden, 1; Middlefield, 1; New Britain, 10; New Haven, 46; Norwalk, 4; Norwich (city), 1; Orange, 2; Preston, 2; Putnam (city), 1; Rockville (city), 2; Southington, 1; Stamford (city), 2; Stonington, 1; Stratford, 3; Thompson, 1; Torrington, 1; Wallingford, 2; Waterbury, 17; West Hartford, 1; Willimantic (city), 5; Windsor Locks, 6.—Total, 211 in 37 towns.

WHOOPING COUGH.—Bridgeport, 3; Canaan, 3; Canton, 4; Clinton, 7; Darien, 1; Derby, 3; Hampton, 1; Hartford, 8; Jewett City (borough), 2; Meriden (city), 3; Middletown (city), 5; Naugatuck, 2; New London, 4; North Haven, 1; Putnam (city), 8; Putnam (town), 9; Ridgefield (town), 3; Ridgefield (borough), 4; Rocky Hill, 1; Sharon, 4; Stamford (city), 7; Torrington, 8; Trumbull, 2; Waterbury, 3; West Hartford, 1; Willimantic (city), 13.—Total, 110 in 26 towns.

TYPHOID FEVER.—Ansonia, 2; Bridgeport, 1; Danbury (city), 1; Groton, 1; Milford, 1; New Haven, 6; New London, 2; Stamford (city), 2; Sterling, 1; Wallingford, 2; Westbrook, 1.—Total, 20 in 11 towns.

OPHTHALMIA NEONATORUM.—Bristol, 2.

TUBERCULOSIS.—Ansonia, 5; Beacon Falls, 1; Bethany, 1; Branford, 1; Bridgeport, 21; Chester, 1; Danbury (city), 2; Danielson (borough), 1; Derby, 2; Enfield, 1; Farmington, 1; Greenwich, 1; Hamden, 2; Hartford, 7; Huntington, 1; Manchester, 1; Meriden (city), Middletown (city), 1; Middletown (town), 1; Milford, 1; Naugatuck, 2; New Britain, 5; New Canaan, 1; New Hartford, 1; New Haven, 39; New London, 5; Norwalk, 4; Norwich (city), 6; Old Saybrook, 1; Plainville, 1; Preston, 2; Putnam (city), 2; Sharon, 2; Southington, 1; Stamford (city), 3; Stonington, 1; Thompson, 1; Torrington, 1; Wallingford, 1; Waterbury, 12; Wethersfield, 1; Willimantic (city), 1; Windsor Locks, 1.—Total, 137 in 43 towns.

In addition to the above the Health Officers of 78 towns report that they have not been notified of any infectious diseases.

All the Health Officers of Hartford, New Haven, New London, Fairfield, Windham, Litchfield, Middlesex and Tolland counties have reported.

The following **DEATHS** from infectious diseases are reported by the **REGISTRARS** in towns of less than 5,000 population:

MEASLES.—Darien, 1.

SCARLET FEVER.—Plainville, 2; Suffield, 1.—Total, 3.

LA GRIPPE.—East Windsor, 1; Granby, 1; Griswold, 1; Hebron, 1; Lebanon, 1; Thomaston, 1; Weston, 1.—Total, 7.

EPIDEMIC CEREBRO-SPINAL MENINGITIS.—Canton, 1.

WHOOPING COUGH.—Portland, 1; Redding, 1.—Total, 2.

TUBERCULOSIS.—Bethany, 1; Haddam, 1; New Canaan, 1; North Haven; Old Saybrook, 1; Portland, 1; Ridgefield, 1; Sharon, 1; Thompson, 1; Washington, 1; Watertown, 1; Weston, 1; Wilton, 1.—Total, 13.

Report of specimens examined at the Laboratory of the State Board of Health during the month of February:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	15	76	1	92
release	22	38	5	65
School Exams	3	59	0	62
Typhoid Fever	8	24	3	35
Tuberculosis	31	104	0	135
Malaria	0	6	0	6
Glanders	10	9	2	21
Syphilis	17	22	2	41
Miscellaneous	1	1	0	2
Total specimens examined				459
Samples of milk analyzed				229
" " water examined				28
Sewage and effluents examined				6
Oil samples examined				4

SMALLPOX.

Smallpox continues to appear in different parts of the State. No sooner is it stamped out in one town than it appears in another. Middletown and Meriden are the last two cities visited and other places will not escape unless more attention is paid to vaccination. A successful vaccination is the only certain preventive of this loathsome disease. In the present outbreak many cases are so mild that detection and isolation are often impossible.

CLEAN-UP TIME.

The season has arrived for health boards and civic bodies to organize their clean-up days. The filthy accumulations of the winter must now go. These are not only unsightly, but breed flies and other insects which are carriers of disease. The myriads of flies seen in the summer time all come from a few which have survived the winter in cellars or other protected places. The female may lay 150 eggs at a time, these develop into adult flies in about ten days and pass through seven to ten generations annually, so that the progeny of an over-wintering female may amount to several billion in a single season. Although preferring horse manure they will breed in any decaying organic matter.

If flies find nothing to feed on and no convenient breeding place, they will go to your more careless or filthy neighbor. Mosquitoes, like flies, come from the few that have survived the winter. They breed with the same rapidity in any quiet pool of water. The rain water in an old tomato can or broken piece of crockery on the rubbish heap will serve as a convenient breeding place and produce enough mosquitoes to infest a neighborhood. These facts show that the destruction, now, of a single fly or mosquito may mean millions less during the summer. This department has a special bulletin on "The House Fly, and How Controlled," which can be had on application.

VENTILATION.

At a meeting of the American Chemical Society, held at Rochester, N. Y., September 9-13, 1913, a paper which appeared of general interest was that upon the "Ventilation of the Schools of New York City," presented by Dr. Charles Baskerville. The investigation was undertaken for the board of estimates and awards by a committee. The humidity, temperature, carbon-dioxide content, direction of air currents, number of dust particles, and number of bacteria were determined in several thousand samples of air of typical schools over a period of about six months.

Comparisons were made between artificial ventilating systems and ventilation by way of the windows of the room. Nothing was found which would warrant the recommendation of the installation of the very costly mechanical ventilating systems in the public schools of New York. The results indicated that the question of ventilation is almost entirely one of proper control of temperature and humidity, and, therefore, almost entirely a janitorial problem. The committee recommended the purchase of automatic temperature and humidity recording instruments for use in accurately controlling the efficiency of the school janitors. In regard to the amount of dust it was found that a general parallelism existed between the amount of dust in the inside and out-

side air. On windy, dusty days the amount found in the schoolrooms was always higher than on quiet, clear days.

In a paper before the general meeting of the society it was pointed out by George A. Soper, of the public works department of New York City, that the profitable utilization of sewage has so far been a failure. The reasons therefor and the difficulties of the problem were discussed. Even a process for sewage disposal which would be self-supporting would be of immense value at the present time. No hopes of early solution of this important problem were expressed.—*U. S. Public Health Reports.*

THE SEVENTH SANITARY CONFERENCE.

The seventh sanitary conference of the health officials of Connecticut will be held under the auspices of the State Board of Health at the Chamber of Commerce Hall, 185 Church Street, New Haven, on Thursday, March 26, 1914. The programme will be as follows:

CALL TO ORDER 10 A. M.

INTRODUCTORY REMARKS, by the Chairman, Dr. Edward K. Root, President State Board of Health.

ADDRESS, by His Excellency, Governor Simeon E. Baldwin.

SUBJECT FOR DISCUSSION:

The Pollution of our Inland and Tidal Waters—

Its Legal Aspects, Hon. Lewis Sperry, Hartford, Member of the State Board of Health;

Its Engineering Aspects, Mr. J. Frederick Jackson, New Haven, Member of the State Board of Health;

Pollution by Factory Wastes, Mr. James A. Newlands, Hartford, State Chemist;

Its Economic Aspects, Mr. E. Hart Fenn, Wethersfield, Chairman State Fish and Game Commission.

DISCUSSION.

MISCELLANEOUS BUSINESS.

ADJOURNMENT.

The pollution of our streams is a problem very seriously affecting the physical and economic welfare of the State and should interest every citizen. While it is hoped that every town, city and borough will be represented by its health officer, the attendance is not limited to health officials, but the public are cordially invited.

APR 30 1914

New Series, Vol. 1, No. 3

Full Series, Vol. XXVIII, No. 3

MARCH, 1914

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

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DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	Estimated Population.	Living Births in February.	Still Births in February.	Marriages in February.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Pox.
Total for State,	1,176,621	2,469	113	874	1,831	18.6	308	121	..
1 Ansonia,	15,893	43	4	18	24	18.1	9	2	..
2 Branford,	6,149	12	1	5	12	23.4	3	..	..
3 Bridgeport,	111,371	270	14	128	180	18.2	42	18	..
4 Bristol,	14,659	26	4	9	19	15.5	5	..	..
5 Danbury,	24,710	43	2	6	40	17.4	7	..	..
6 Derby,	9,309	32	..	10	12	14.1	2	2	..
7 East Hartford,	8,657	12	1	2	7	9.8	1	..	..
8 Enfield,	10,625	28	..	14	19	21.4	1	3	..
9 Fairfield,	6,627	10	..	4	12	21.7	2	2	..
10 Greenwich,	17,750	29	3	19	27	16.9	4	4	..
11 Groton,	6,654	9	1	4	10	18.0	1	..	..
12 Hamden,	6,217	13	..	2	7	13.5	1	..	..
13 Hartford,	104,634	301	16	106	204	19.7	41	7	..
14 Huntington,	6,836	16	..	6	8	14.0	2	1	..
15 Killingly,	6,483	11	..	1	5	9.2	1	..	..
16 Manchester,	14,553	33	1	9	12	9.8	2	..	..
17 Meriden,	33,077	75	1	18	46	15.5	8	3	..
18 Middletown,	21,727	56	1	11	25	12.0	..	..	..
19 Naugatuck,	13,376	24	..	10	8	7.1	3	..	..
20 New Britain,	48,630	119	8	69	54	13.0	17	6	..
21 New Haven,	141,278	310	18	97	234	18.7	41	20	..
22 New London,	20,292	35	2	21	41	22.4	5	..	..
23 New Milford,	5,071	9	..	2	6	14.1	..	..	..
24 Norwalk,	25,494	38	1	13	45	21.1	8	2	..
25 Norwich,	29,293	40	4	27	46	18.4	..	..	..
26 Orange,	12,555	21	..	4	16	15.2	..	1	..
27 Plainfield,	7,288	15	1	4	12	19.7	2	3	..
28 Plymouth,	5,678	11	1	1	6	12.6	1	..	..
29 Putnam,	7,260	16	..	6	14	19.8	..	2	..
30 Seymour,	5,159	16	1	3	6	13.9	1	..	..
31 Southington,	6,703	19	..	3	10	17.9	..	2	..
32 Stafford,	5,513	11	..	4	5	10.8	1	..	..
33 Stamford,	31,835	59	3	36	69	25.2	16	15	..
34 Stonington,	9,338	16	..	8	15	19.2	..	..	..
35 Stratford,	6,328	8	1	1	13	24.6	3	1	..
36 Torrington,	18,156	50	5	10	21	13.8	3	5	..
37 Vernon,	9,268	11	1	11	14	18.1	1	..	..
38 Wallingford,	11,801	32	..	6	15	15.2	2	1	..
39 Waterbury,	79,741	175	2	62	123	16.5	31	8	..
40 West Hartford,	5,294	6	..	1	7	15.8	..	..	..
41 Winchester,	8,953	19	..	5	13	12.0	2	2	..
42 Windham,	13,344	31	4	12	18	13.4	5	1	..
Total of above towns, ..	953,579	2,110	101	788	1,480	18.6	274	112	..
Towns of less than 5,000,	223,042	359	12	86	287	15.4	34	9	..
Deaths in State Inst's., .	.....	.....	..	..	64	....	..	..	..

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 11; in Dan-
New Britain, 1; in New Haven, 13; in New London, 3; in Norwich, 1; in Putnam, 2; in
these are deducted from the total mortality of their respective towns in estimating the death

HEALTH FOR THE MONTH OF MARCH, 1914.

FOR FEBRUARY, 1914.

Measles	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhoea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.	
29	7	46	4	..	20	8	13	9	1	16	150	19	317	42	89	82	979	
..	..	1	..	..	..	1	1	..	..	..	2	..	7	1	..	..	11	1
..	3	1	..	..	8	2
7	4	1	2	..	..	3	14	5	40	2	14	16	72	3
..	..	1	..	..	..	..	..	..	..	..	2	..	4	..	..	..	12	4
..	1	..	..	..	..	1	..	5	1	5	2	25	5
..	2	..	..	..	..	..	..	1	..	..	1	..	8	6
..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	5	7
..	..	1	..	..	1	1	..	..	..	..	..	..	3	..	3	2	8	8
..	..	1	..	..	..	..	..	..	..	..	1	1	2	1	..	..	6	9
..	1	..	5	1	3	3	14	10
..	1	..	..	..	..	..	..	..	1	..	9	11
..	1	..	1	..	..	..	5	12
1	..	1	..	..	1	..	1	..	..	5	12	3	44	1	17	6	112	13
..	2	..	..	..	6	14
..	5	15
..	3	..	..	..	9	16
1	..	2	..	..	2	..	1	..	..	3	2	..	4	1	4	1	25	17
..	1	..	..	..	3	1	3	..	..	1	16	18
..	1	..	1	..	..	1	5	19
1	2	..	1	..	..	..	..	..	7	..	8	2	1	2	30	20
1	1	3	1	..	6	2	..	3	1	2	11	4	43	6	14	10	126	21
..	..	2	..	..	..	..	..	2	..	..	1	..	9	..	1	4	22	22
..	1	..	..	..	1	..	4	23
..	..	2	..	..	..	..	1	..	..	1	5	..	13	1	1	2	19	24
..	2	2	..	..	..	..	..	..	..	1	2	1	7	..	1	1	29	25
..	1	..	..	..	2	..	4	..	..	1	8	26
..	..	1	..	..	..	..	..	..	..	..	1	..	1	2	..	..	7	27
..	1	5	28
..	4	..	1	..	..	..	9	29
..	..	1	..	..	..	..	..	..	..	..	1	..	3	..	1	..	3	30
..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	5	31
..	1	..	..	..	4	32
13	..	2	..	..	..	..	..	..	..	..	2	..	13	2	..	4	33	33
..	1	..	..	2	..	..	12	34
..	2	..	1	..	10	35
3	1	..	..	..	..	..	..	..	4	..	1	..	12	36
..	..	1	..	..	..	1	..	..	..	..	1	..	1	1	..	..	9	37
..	1	..	5	..	..	1	8	38
..	2	6	1	..	1	..	2	1	..	..	10	2	20	6	1	4	67	39
..	1	..	..	..	..	..	..	1	..	2	..	3	40
..	..	1	..	..	..	..	..	..	..	..	1	..	4	1	1	1	4	41
..	..	1	..	..	..	..	..	..	..	..	1	..	6	1	1	2	6	42
27	6	30	4	..	19	8	11	6	1	15	92	18	273	34	75	66	795	
2	1	15	..	..	1	..	..	3	..	1	20	..	40	8	13	16	167	
..	..	1	..	..	..	2	..	..	..	..	38	1	4	..	1	..	17	

bury, 4; in Derby, 1; in Greenwich, 2; in Hartford, 32; in Meriden, 3; in Middletown, 2; in Stamford, 2; in Waterbury, 13; in Winchester, 4; and in Windham, 3. Non-residents in rates of those towns.

VITAL STATISTICS FOR MARCH, 1914.

By mortality reports received there were 1,831 deaths during the month of March. This was 208 more than in February and 127 more than in March of last year, and 156 more than the average number of deaths during March for the five years preceding:

	1914	1913	1912	1911	1910	1909
January	1,670	1,614	1,600	1,760	1,498	1,367
February	1,623	1,547	1,567	1,556	1,421	1,313
March	1,831	1,704	1,681	1,692	1,632	1,575
Total first quarter	5,124	4,865	4,848	5,008	4,551	4,255

The death rate was 18.6 for the large towns, for the small towns 15.4, and for the whole state 18.6.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

SMALL POX.—Berlin, 1; Essex, 1; Hartford, 1; Meriden (city), 5; Meriden (town), 3; Middletown (city), 1; Portland, 2.—Total, 14 in 6 towns.

MEASLES.—Berlin, 1; Bethlehem, 1; Branford, 1; Bridgeport, 60; Brooklyn, 1; Canton, 1; Chatham, 1; Cromwell, 1; Danielson (borough), 2; Darien, 4; Enfield, 3; Fairfield, 1; Farmington, 3; Glastonbury, 3; Granby, 4; Greenwich, 1; Hamden, 18+; Hartford, 49; Lebanon, 1; Meriden (city), 3; Middletown (city), 15; Milford, 2; Monroe, 1; Naugatuck, 10; New Canaan, 3; New Haven, 67; Norwalk (city), 17; Orange, 10; Plainville, 1; Plymouth, 2; Pomfret, 2; Redding, 2; Salisbury, 1; Southington, 1; Stamford (city), 207; Stamford, 29; Sterling, 1; Stonington (borough), 3; Stratford, 106; Suffield, 1; Vernon, 5; Wallingford, 1; Waterbury, 6; Waterford, 2; Westport, 1; Wethersfield, 16; Wilton, 4.—Total, 676+ in 47 towns.

SCARLET FEVER.—Andover, 2; Ansonia, 1; Beacon Falls, 1; Berlin, 1; Bloomfield, 1; Branford, 16; Bridgeport, 21; Brooklyn, 1; Cheshire, 1; Cromwell, 1; Darien, 1; Derby, 2; Eastford, 2; East Hartford, 1; East Haven, 1; East Lyme, 1; East Windsor, 4; Enfield, 2; Essex, 2; Greenwich, 2; Groton (borough), 4; Guilford, 3; Hamden, 4; Hartford, 25; Litchfield, 1; Manchester, 5; Milford, 2; Monroe, 1; Naugatuck, 1; New Canaan, 1; New Haven, 72; New London, 14; North Branford, 3; North Haven, 6; North Stonington, 1; Norwalk (city), 1; Norwich (city), 2; Orange, 15; Plainfield, 1; Plainville, 3; Rockville (city), 1; Saybrook, 12; Shelton (borough), 1; Somers, 1; Southington, 2; South Windsor, 1; Stamford (city), 1; Stamford (town), 1; Stonington, 1; Stratford, 2; Suffield, 2; Torrington, 2; Wallingford, 4; Waterbury, 13; Waterford, 2; Westbrook, 1; Willi-

mantic (city), 1; Windsor, 2; Windsor Locks, 1; Winsted (borough), 2.—Total, 282 in 59 towns.

CEREBRO-SPINAL FEVER.—New Britain, 2; New Haven, 1; Waterbury, 1.—Total, 4 in 3 towns.

DIPHTHERIA AND CROUP.—Berlin, 1; Bloomfield, 3; Branford, 3; Bridgeport, 25; Bristol, 3; Danbury (city), 1; Darien, 1; Derby, 3; Enfield, 2; Greenwich, 4; Groton (borough), 1; Hamden, 1; Hartford, 45; Meriden (city), 3; Meriden (town), 1; Naugatuck, 3; New Britain, 8; New Haven, 50; Norwalk (city), 2; Norwich (city), 4; Orange, 5; Putnam (city), 1; Ridgefield, 3; Rockville (city), 2; Salisbury, 2; Stamford (city), 3; Stratford, 1; Torrington, 1; Waterbury, 15; Watertown, 2; West Hartford, 1; Wethersfield, 1; Willimantic (city), 4; Woodbridge, 5.—Total, 210 in 34 towns.

WHOOPING COUGH.—Bridgeport, 3; Bristol, 4; Canaan, 6; Clinton, 6; Darien, 2; Derby, 2; Haddam, "epidemic"; Hamden, "few"; Hartford, 5; Jewett City (borough), 5; New Canaan, 8; New London, 7; North Haven, 10; Plainville, 4+; Putnam (city), 8; Sharon, 1; Simsbury, 20+; Somers, 12; Stamford (city), 10; Stamford (town), 2; Westbrook, 3; West Hartford, 1; Winsted (borough), 1.—Total, 120+ in 24 towns.

TYPHOID FEVER.—Danbury (city), 1; Enfield, 1; Groton, 2; Hartford, 1; Middletown (city), 1; Montville, 1; New Haven, 1; New London, 1; North Haven, 1; Norwalk (city), 1; Putnam, 1; Stonington, 1; Tolland, 1; Waterbury, 1.—Total, 15 in 14 towns.

TUBERCULOSIS.—Ansonia, 5; Bethany, 1; Bloomfield, 2; Branford, 4; Bridgeport, 15; Bristol, 2; Brookfield, 3; Brooklyn, 1; Canaan, 2; Chatham, 1; Cheshire, 1; Clinton, 1; Colchester, 1; Danbury (city), 1; Darien, 1; Enfield, 1; Essex, 1; Greenwich, 1; Hartford, 18; Hebron, 1; Manchester, 3; Mansfield, 1; Meriden (city), 4; Middletown (city), 1; Milford, 1; Naugatuck, 1; New Britain, 5; New Haven, 44; New London, 2; New Milford, 1; Norwalk (city), 2; Norwich (city), 2; Norwich (town), 2; Orange, 2; Oxford, 1; Prospect, 1; Putnam (city), 2; Roxbury, 1; Seymour, 1; Simsbury, 1; South Windsor, 1; Southington, 1; Stamford (city), 3; Thomaston, 1; Wallingford, 2; Waterbury, 11; Wethersfield, 1; Willimantic (city), 3; Wilton, 3; Winsted (borough), 1.—Total, 167 in 49 towns.

In addition to the above the Health Officers of 67 towns report that they have not been notified of any infectious diseases.

All the Health Officers of Hartford, New Haven, New London, Fairfield, Windham, and Tolland counties have reported, but the Health Officers of the following towns have not reported:

Litchfield County.—Goshen.

Middlesex County.—Middletown, Middlefield.

The following **DEATHS** from infectious diseases are reported by the **REGISTRARS** in towns of less than 5,000 population:

MEASLES.—Ridgefield, 1; Sterling, 1.—Total, 2.

SCARLET FEVER.—East Windsor, 1.

LA GRIPPE.—Bloomfield, 1; Brooklyn, 1; Canton, 1; Clinton, 1; Colebrook, 1; Darien, 1; East Haddam, 2; Essex, 1; Mansfield, 1; Milford, 1; New Hartford, 1; Salisbury, 1; Westport, 1; Woodstock, 1.—Total, 15.

DIPHTHERIA.—Bridgewater, 1.

TYPHOID FEVER.—Milford, 1; Tolland, 1; Westbrook, 1.—Total, 3.

TUBERCULOSIS.—Canton, 1; Cheshire, 1; Clinton, 1; Cromwell, 1; Farmington, 1; Lebanon, 1; Lisbon, 2; Litchfield, 1; Milford, 3; New Hartford, 1; Oxford, 1; Prospect, 1; Sharon, 1; Simsbury, 2; South Windsor, 1; Wilton, 1.—Total, 20.

The Registrars of the following towns have made no report for March: Bolton, Burlington, Canaan, North Haven, Waterford.—Total, 5.

Report of specimens examined at the Laboratory of the State Board of Health during the month of March:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	13	90	2	105
release	17	30	2	49
Typhoid Fever	12	24	0	36
Tuberculosis	28	103	0	131
Malaria	0	5	0	5
Glanders	18	11	2	31
Syphilis	16	30	4	50
Rabies	1	0	0	1
Total specimens examined				408
Samples of milk analyzed				285
" " water examined				34
Sewage and effluents examined				6
Oil samples examined				4

WEATHER REPORTS.

Some of our readers write us that, while they approve of the change in the form of our bulletin, they miss the monthly weather reports formerly printed on the last page. We stopped publishing these, not because we thought them of little value, but for the reason that they were copied from government reports, which any one can have sent to him free of charge by applying to the U. S. Weather Bureau at Hartford or New Haven.

THE OPEN WINDOW SCHOOL.

During the past winter all the public schools of Middletown have been conducted as open-window schools. Mr. W. A. Wheatley, superintendent there, writes, that having known for some years of the good results obtained in outdoor schools for sickly children, he wished from the first to modify and apply the principle to normal children, but Dr. W. W. Roach's account of an open-window experiment in Philadelphia and Dr. Helen C. Putnam's book, "School Janitors, Mothers and Health," were the immediate cause of trying the open-window school in Middletown. The schools include 33 graded rooms, accommodating about 1,200 pupils.

Permission was first secured from the Board of Education and the following circular letter then sent to the parents:

TO THE PARENTS OF MIDDLETOWN SCHOOL CHILDREN:—

In a matter of great importance to your children we ask your hearty coöperation.

Until quite recently sanitary authorities had unbounded confidence in heating and ventilating systems which were supposed to supply proper air for forty-five or more children in a room and this without assistance from open windows. It was also supposed that a temperature of from 68° to 70° was about ideal. As for the moisture in the air or lack of it, the shrinking and cracking of woodwork in the room was noticed, but no thought was given to the effect of this dry air upon the mucous lining of the nostrils and throats of the pupils.

Many recent investigations have proved beyond any doubt that the latest and best ventilating systems unassisted cannot and do not supply sufficient fresh air for even thirty-five children in a fair-sized school room, and that unless the open windows are used freely or an expensive humidifying system is installed, the school room air becomes in the fall, winter and spring so dry that it causes sore throats, colds, bronchitis, and many other ills.

The outdoor and open-window schools, intended for sickly children, have shown the wonderful effects of fresh, cool, moist air, the children in most cases regaining their health and also advancing more rapidly with their studies than well children breathing the regular, stuffy, warm, dry air of the school rooms. These fresh air schools have multiplied the last few years so that now there are hundreds of them in the United States.

For some time we have been feeling our way in this matter and we are now ready, with your coöperation, to put into practice the following plan. To give your children fresh air, cool enough and moist enough to be most healthful and to lessen greatly the danger from contagious diseases, we plan, as far as advisable, to have the windows open most of the time on one side of their school room and, so far as we are able, to regulate the temperature, keeping it between 64° and 68°. We

shall protect the children from drafts and give them more physical exercise than in the past, and we ask you to provide them with sufficient clothing for the cooler air or let us know if you are unable to do so. In this case, through the kindness of friends, we can supply some extra clothing.

If you fear to have your children in the cooler, fresher, moister air that we propose for them, please talk the matter over with your physician, who, I am confident, can reassure you that the open-window room will mean fewer colds, better health generally and better progress in school work.

If you have any questions to ask us or if any of your children need special attention, kindly confer freely with the teacher, principal or superintendent of schools.

Cordially yours,

W. A. WHEATLEY,

Supt. of Schools.

Middletown, Conn.,

November 17, 1913.

The plan outlined in this letter is being carried out. The rooms are heated and kept moderately warm, so that there is nothing extreme, only it is determined not to have the excessive temperatures of over 70° which have been too common in the past. The temperature is taken and recorded every hour during the session by the teachers in the lower grades and by the pupils in the upper grades. No humidifying apparatus is used, but the outside air is depended upon to materially increase the moisture of the air inside. It has not been necessary to purchase extra clothing for the children, as the temperatures are not really low, but quite normal and natural.

The windows are only opened on one side of the possible two or three supplied with windows, so as not to have a draft reach the children. The plan would have been more successful had the rooms been provided with wind shields, as it was necessary to abandon the open windows on a few days since there was no provision against drafts. Next season it is expected to obtain better results with the aid of wind shields.

While no systematic record has been kept, Mr. Wheatley feels that the pupils have been better physically and more alert in their school work. No parent has sent in complaint, because of colds said to have been contracted at school. On the other hand numerous parents have reported an improved physical condition of their children.

Nearly all the teachers have taken kindly to the plan and have coöperated in making the experiment a success. Several report that they are not so exhausted at the close of school and some have actually taken on flesh during the winter. Nothing radical or extreme is being tried, only what is considered natural and sensible. The school room air is more wholesome and healthful than formerly, and better results still are expected next season.

MAY 2 0 1914

New Series, Vol. 1, No. 4

Full Series, Vol. XXVIII, No. 4

APRIL, 1914

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

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DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	Estimated Population.	Living Births in March.	Still Births in March.	Marriages in March.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Fox.
Total for State,	1,176,621	2,751	108	427	1,637	16.6	276	95	..
1 Ansonia,	15,893	59	1	3	19	14.3	7	1	..
2 Branford,	6,149	12	..	..	4	7.6	1	..	..
3 Bridgeport,	111,371	333	12	57	158	16.5	38	21	..
4 Bristol,	14,659	23	2	5	14	11.4	..	..	..
5 Danbury,	24,710	54	2	6	36	11.6	3	1	..
6 Derby,	9,309	44	..	..	13	14.9	..	1	..
7 East Hartford,	8,657	22	..	..	11	15.2	1	1	..
8 Enfield,	10,625	49	2	10	8	9.0	2	1	..
9 Fairfield,	6,627	12	1	1	12	21.7	4	1	..
10 Greenwich,	17,750	33	2	7	21	14.1	7	2	..
11 Groton,	6,654	10	1	2	7	12.6	1	..	..
12 Hamden,	6,217	12	..	2	7	13.4	1	..	..
13 Hartford,	104,634	281	12	58	185	18.0	49	11	..
14 Huntington,	6,836	13	..	1	8	14.0	2	1	..
15 Killingly,	6,483	9	..	1	9	16.6	1	..	..
16 Manchester,	14,553	27	..	3	6	4.9	1	..	..
17 Meriden,	33,077	86	3	5	54	19.2	9	3	..
18 Middletown,	21,727	43	1	8	26	13.2	4	3	..
19 Naugatuck,	13,376	23	2	3	8	7.1	2	..	..
20 New Britain,	48,630	168	4	11	46	10.6	14	3	..
21 New Haven,	141,278	362	16	69	228	17.6	27	13	..
22 New London,	20,292	51	3	15	33	17.7	5	3	..
23 New Milford,	5,071	10	..	1	1	2.3	..	..	..
24 Norwalk,	25,404	41	1	4	38	17.8	5	2	..
25 Norwich,	29,293	50	3	13	42	15.5	4	..	..
26 Orange,	12,555	13	1	3	9	8.6	1	..	..
27 Plainfield,	7,288	12	1	3	7	11.5	1	..	..
28 Plymouth,	5,678	14	2	..	4	8.4	..	1	..
29 Putnam,	7,260	19	..	6	10	14.8	4	..	..
30 Seymour,	5,159	13	1	1	5	11.6	2	..	..
31 Southington,	6,703	28	4	1	3	5.3	1	..	..
32 Stafford,	5,513	10	..	1	9	19.5	1	..	..
33 Stamford,	31,835	62	1	13	65	22.2	14	11	..
34 Stonington,	9,338	8	..	1	8	10.2	1	..	..
35 Stratford,	6,328	7	..	..	6	11.3	1	1	..
36 Torrington,	18,156	49	1	3	14	9.2	4	2	..
37 Vernon,	9,268	17	..	2	9	11.6	1	..	..
38 Wallingford,	11,801	33	1	15	8	8.1	..	..	..
39 Waterbury,	79,741	213	8	13	103	14.7	24	6	..
40 West Hartford,	5,294	6	..	1	4	9.0	..	..	..
41 Winchester,	8,953	19	..	3	19	18.7	4	..	..
42 Windham,	13,344	36	2	1	19	14.3	3	1	..
Total of above towns, ..	953,579	2,386	90	352	1,296	16.3	248	90	..
Towns of less than 5,000,	223,042	365	18	75	275	14.7	28	5	..
Deaths in State Inst's., ..	.....	.....	..	..	66	....	....	....	....

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 4; in Dan-
New Britain, 3; in New Haven, 20; in New London, 3; in Norwich 4; in Putnam, 1; in
these are deducted from the total mortality of their respective towns in estimating the death.

HEALTH FOR THE MONTH OF APRIL, 1914.

FOR MARCH, 1914.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.
26	5	29	2	1	18	20	10	9	..	14	145	18	230	28	59	96	927
..	..	1	..	..	..	..	..	..	..	..	..	..	3	2	..	..	13
..	1	1	..	..	..	..	2
9	1	2	..	..	6	3	1	..	..	..	7	4	27	1	7	12	78
..	1	..	1	1	2	9
..	3	..	..	..	3	..	7	..	2	4	17
..	1	..	..	..	..	..	..	..	..	..	1	..	2	..	..	2	7
1	..	1	..	..	..	..	..	..	..	..	1	..	..	..	1	2	5
..	1	1	..	1	..	1	4
..	2	..	..	..	1	1	..	2	..	..	2	4
..	..	1	..	..	..	..	..	..	..	..	1	..	5	1	..	2	11
..	1	..	..	2	4
..	1	..	..	2	4
1	..	2	..	..	3	2	..	1	..	3	10	2	31	1	7	6	116
..	1	..	..	..	..	..	..	..	..	..	..	1	6
..	1	..	..	..	..	..	2	6
..	1	5
..	..	2	..	..	..	2	1	1	..	1	13	1	..	1	2	4	26
..	1	..	..	..	..	..	4	..	5	..	..	1	15
..	1	..	..	..	..	..	..	2	..	..	..	..	5
..	1	5	1	5	3	1	3	27
6	2	1	1	1	..	1	..	4	..	1	15	2	37	5	11	11	130
..	3	2	..	1	..	3	3	21
..	1	..	..	..	..
2	..	2	1	..	..	1	1	2	..	..	3	..	6	..	4	1	15
..	1	..	1	..	..	..	2	..	2	..	..	1	35
..	1	..	8
..	..	1	..	..	..	..	..	1	..	..	2	..	..	..	..	1	2
..	1	3
..	1	..	1	..	..	..	8
..	2	..	..	..	..	3
..	1	..	..	..	..	2
..	1	..	3	..	5
6	..	1	..	..	..	2	..	..	..	1	3	1	9	..	1	1	40
..	2	..	1	..	..	..	5
..	1	..	..	..	..	..	..	..	1	..	..	1	3
..	2	..	..	..	..	1	..	3	..	..	2	6
..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	7
..	1	..	..	..	..	..	2	..	1	..	..	2	2
..	..	1	..	..	2	1	1	..	..	2	12	2	12	4	6	5	55
..	1	..	..	..	..	..	3
..	..	1	..	..	..	1	..	..	..	..	..	..	2	1	..	2	12
..	1	..	1	..	..	1	16
25	4	17	2	1	16	18	8	9	..	14	95	15	174	22	50	81	745
1	1	12	..	..	2	2	1	..	..	..	18	2	44	6	9	15	162
..	1	..	..	..	32	1	12	..	..	..	20

bury, 12; in Derby, 2; in Greenwich, 0; in Hartford, 28; in Meriden, 1; in Middletown, 2; in Stamford, 6; in Waterbury, 5; in Winchester, 5; and in Windham, 3. Non-residents in rates of those towns.

VITAL STATISTICS FOR APRIL, 1914.

By mortality reports received there were 1,637 deaths during the month of April. This was 209 less than in March and 130 more than in April of last year, and 112 more than the average number of deaths during April for the five years preceding:

	1914	1913	1912	1911	1910	1909
January	1,670	1,614	1,600	1,760	1,498	1,367
February	1,624	1,547	1,567	1,556	1,421	1,313
March	1,846	1,704	1,681	1,692	1,632	1,575
Total first quarter	5,140	4,865	4,848	5,008	4,551	4,255
April	1,637	1,507	1,428	1,679	1,505	1,508

The death rate was 16.3 for the large towns, for the small towns 14.7, and for the whole state 16.6.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

SMALL POX.—East Hartford, 6; Meriden (city), 2; Middletown (city), 1; Sprague, 3.—Total, 12 in 4 towns.

MEASLES.—Branford, 1; Bridgeport, 35; Bristol, 1; Chatham, 2; Colebrook, 1; Danielson (borough), 3; Darien, 12; East Granby, 4; East Haddam, 3; East Hartford, 12; East Haven, 2; Fairfield, 25+ "epidemic"; Greenwich, 39; Hamden, 4; Hartford, 44; Manchester, 1; Mansfield, 1; Middletown (city), 16; Middletown (town), 19; Milford, 1; Naugatuck, 5; New Canaan, 1; New Haven, 46; New London, 5; New Milford, 1; Newtown, "mild epidemic"; North Canaan, 1; North Haven, 8; North Stonington, 2; Norwalk (city), 26; Orange, 8; Plainville, 2; Redding, 4; Ridgefield, 1; Rockville (city), 3; Salisbury, 1; South Windsor, 1; Stamford (city), 98; Stamford (town), 25; Stratford, 12; Trumbull, 4; Warren, 4; Waterbury, 1; Weston, 1; Westport, 3; Wethersfield, 20; Willimantic (city), 2; Wilton, 2; Windsor, 2.—Total, 515+ in 49 towns.

SCARLET FEVER.—Branford, 12; Bridgeport, 9; Bristol, 1; Brooklyn, 2; Cheshire, 2; Danbury, 1; Danielson (borough), 4; Derby, 3; East Windsor, 4; Ellington, 2; Enfield, 1; Essex, 3; Greenwich, 2; Groton (borough), 7; Guilford, 1; Hamden, 2; Hartford, 16; Killingly, 4; Lebanon, 3; Manchester, 7; Meriden (city), 2; Meriden (town), 1; Middletown (city), 1; Milford, 3; Naugatuck, 3; New Britain, 1; New Haven, 65; New London, 6; North Canaan, 1; Norwalk (city), 1; Norwich (city), 3; Orange, 7; Preston, 1; Saybrook, 12; Sharon, 1; Southington, 1; Stamford (city), 2; Stamford (town), 1; Stonington, 2; Stratford, 1; Suffield, 1; Tolland, 2; Wallingford, 2; Warren, 1; Waterbury, 17; Westbrook, 1; Willimantic (city), 5; Windham, 1; Windsor, 1.—Total, 232 in 49 towns.

CEREBRO-SPINAL FEVER.—New Haven, 1; Norwalk (city), 1; Rockville (city), 1.—Total, 3 in 3 towns.

INFANTILE PARALYSIS.—New Haven, 1.

DIPHTHERIA AND CROUP.—Bridgeport, 19; Bristol, 1; Colebrook, 1; Danbury (city), 4; Danielson (borough), 1; Darien, 2; Derby, 4; Enfield, 2; Fairfield, 3; Glastonbury, 1; Greenwich, 6; Griswold, 1; Guilford, 1; Hamden, 2; Hartford, 37; Madison, 1; Manchester, 1; Meriden (city), 1; Middletown (city), 1; Naugatuck, 4; New Britain, 10; New Haven, 40; New London, 1; New Milford, 1; Norwalk (city), 1; Norwich (city), 4; Orange, 2; Ridgefield, 2; Shelton (borough), 1; South Windsor, 1; Stamford (city), 1; Thompson, 1; Wallingford, 3; Waterbury, 18; Waterford, 1; Watertown, 1; West Hartford, 1; Wethersfield, 1; Windsor Locks, 1; Winsted (borough), 1; Woodbridge, 2; Woodstock, 2.—Total, 189 in 42 towns.

WHOOPING COUGH.—Bridgeport, 2; Clinton, 5; Ellington, 4; Hampton, 1; Hartford, 8; Jewett City (borough), "epidemic"; Kent, 2; Middletown (city), 14; Middletown (town), 5; New Haven, 7; New London, 6; North Haven, 1; Old Lyme, 15; Putnam (city), 3; Rockville (city), 10; Salisbury, "epidemic"; Sharon, 1; Waterbury, 1.—Total, 85 in 18 towns.

TYPHOID FEVER.—Bristol, 1; Danbury (city), 1; East Hartford, 1; Enfield, 1; Groton, 2; Hamden, 1; Hartford, 1; Milford, 1; New Fairfield, 1; New Haven, 13; New London, 4; Norwalk (city), 1; Orange, 1; Plainfield, 3; Washington, 1; Waterbury, 2.—Total, 35 in 16 towns.

OPHTHALMIA NEONATORUM.—Plainville, 1.

TUBERCULOSIS.—Ansonia, 1; Berlin, 2; Bloomfield, 1; Branford, 1; Bridgeport, 11; Bristol, 1; Brookfield, 3; Chaplin, 1; Cornwall, 1; Danbury (city), 1; Derby, 1; East Haddam, 1; Greenwich, 3; Groton (borough), 1; Hartford, 13; Manchester, 4; Mansfield, 1; Meriden (city), 5; Middletown (city), 2; Middletown (town), 4; Milford, 2; Naugatuck, 1; New Britain, 3; New Canaan, 1; New Haven, 41; New London, 9; North Stonington, 1; Norwich (city), 2; Orange, 1; Preston, 2; Putnam (city), 2; Shelton (borough), 1; Southington, 1; Stamford (city), 5; Thomaston, 1; Trumbull, 1; Waterbury, 9; Waterford, 2; Westport, 1; Willimantic (city), 2; Winsted (borough), 6; Woodbury, 1.—Total, 153 in 42 towns.

In addition to the above the Health Officers of 71 towns report that they have not been notified of any infectious diseases.

All the Health Officers of New Haven, Fairfield, Windham, Middlesex and Tolland counties have reported, but the Health Officers of the following towns have not reported:

HARTFORD COUNTY.—Simsbury.

NEW LONDON COUNTY.—Montville.

LITCHFIELD COUNTY.—Morris, Torrington (town and borough).

The following DEATHS from infectious diseases are reported by the REGISTRARS in towns of less than 5,000 population:

MEASLES.—Salisbury, 1.

SCARLET FEVER.—Ellington, 1.

LA GRIPPE.—Coventry, 1; East Windsor, 1; Essex, 1; Lisbon, 1; Mansfield, 2; Marlborough, 1; New Hartford, 1; Plainville, 1; Preston, 1; Watertown, 2.—Total, 12.

DIPHTHERIA.—Darien, 1; Griswold, 1.—Total, 2.

WHOOPING COUGH.—Burlington, 1; Mansfield, 1.—Total, 2.

TUBERCULOSIS.—Canton, 1; Chatham, 1; Essex, 1; Granby, 1; Griswold, 2; Guilford, 1; Milford, 1; North Stonington, 1; Old Lyme, 1; Preston, 1; Salisbury, 1; Suffield, 2; Thomaston, 1; Windsor, 1; Windsor Locks, 2; Woodbury, 1.—Total, 19.

The Registrars of the following towns have made no report for April:

Ashford, Brooklyn, Cornwall, Kent, New Canaan, Salem, Union, Voluntown, Waterford.—Total, 9.

Report of specimens examined at the Laboratory of the State Board of Health during the month of April:

	Pos.	Neg.	Ques.	Total
Diphtheria, Diagnosis	13	65		78
Release	17	29		46
Typhoid Fever	10	31		41
Tuberculosis	31	106		137
Malaria		8		8
Syphilis	17	36	5	58
Glanders	10	17	2	29
Rabies	2	1		3
Contagious Abortion	1	1		2
Streptococci	1			1
Total specimens examined				493
Samples of milk analyzed				334
" " water examined				35
Sewage and effluents examined				6
Oil samples examined				4

CHANGES IN HEALTH OFFICERS.

Mr. Charles W. Evarts of Milford and Mr. M. D. O'Connell of Stafford Springs have been appointed health officers of New Haven and Tolland counties respectively, succeeding Mr. C. E. Hoadley and Mr. E. M. Yeomans resigned.

Dr. A. E. Barber has resigned as health officer of the town and borough of Bethel, and Dr. G. E. Lemmer of Danbury has been appointed temporarily to fill the vacancy.

Dr. Thomas E. Reeks has been appointed health officer in the newly organized health department of the City of New Britain. Dr. Reeks will devote all his time to the work.

INFANTILE MORTALITY.

The approach of summer calls attention to infant mortality which is always high during the very hot months and makes it well to consider what this amounts to in Connecticut, to seek the cause and apply the necessary remedies. Thirty-three hundred infants under one year of age die annually. This amounts to nearly twenty per cent. of the total death rate and is about one-ninth of the total births for a year. Of this number one half die under the age of two months, mostly from congenital causes, such as premature birth and inanition. Above the age of two months the more common causes are gastro-intestinal disorders.

Much valuable work is now being done to improve the milk supply of the State and this has been found to have an appreciable effect upon the infant death rate. Health officers should do all that they can to see that the milk supply comes from healthy animals and that it is protected from contamination from the time it leaves the cow until it reaches the consumer. They should aid and coöperate in all movements to educate mothers in the care of their babies. In some of our larger cities milk dispensaries have done a valuable work. These should be in charge of a physician to advise mothers with regard to care and feeding and he should be assisted by a trained nurse to visit and give advice in the home.

Considering the very high rate in infants under three months old, many of whom live only a few days or hours, also the fact that there are more than a thousand still-births recorded each year, it is evident that we must go a step further in seeking the cause, and apply the remedy to the mother as well as to the child. Something should be done for her for the child's sake, if not for her own. Babies are often found ill nourished because the mother is too poor to buy proper food for herself, and means must be found to obtain this while she is nursing her baby. A healthy child is not to be expected as the offspring of intemperate or underfed parents. Many mothers endanger the lives of their children by working too hard during the latter months of pregnancy and it is now a well established fact that the infant mortality is high among the babies of women who work in factories and mills. Too frequent child bearing is also a cause of debility in mother and her infant. These are matters in which charity organizations and social workers are interested, and with whom health officers should always be ready to coöperate.

ANTI-TYPHOID VACCINATION.

In a recent government bulletin, Major F. F. Russell gives the results of anti-typhoid vaccination in the army and in civil life. Two questions, he states, are frequently asked, "What is the duration of the immunity?" and "Is it absolute?" First as to its duration: "Our own experience, beginning as it does in 1909, is too recent to be of value. From the rich experience of the British Army in India, it is concluded that the immunity begins to diminish in about two and one-half years after

inoculation and even after four and five years, the maximum period of observation, the typhoid rate per thousand among the inoculated is, roughly speaking, one-fourth that of unprotected troops. As a matter of fact, we do not yet know definitely the duration of immunity following anti-typhoid vaccination. It begins to diminish at about the same time as immunity to vaccinia, and it is possible that it may last nearly, if not quite, as long."

"We know also that the immunity is not absolute, for in 1911 among 80,000 persons vaccinated in the army, there were 11 cases of typhoid with one death among the vaccinated; and in 1910 six cases among the vaccinated with no fatalities. Had it not been for the prophylactic there would have occurred, at the prevailing rates of incidence, about 250 cases for the entire army. The fact that the immunity is not absolute is no objection to its use, but is rather an argument for its repetition at intervals to be determined as the lesson of experience becomes clear, just as we now do in the case of smallpox. It is the present practice in the army to revaccinate against both smallpox and typhoid at the beginning of each three-year period of enlistment. The results prove that in anti-typhoid vaccination we have a method for the prevention of disease which approaches in efficiency, if it does not equal, the prevention of smallpox by vaccinia."

In discussing the necessity for this form of prophylaxis Major Russell in part says: "It is generally admitted by the opponents and more numerous lukewarm adherents of anti-typhoid vaccination that it is essentially for the army and the militia of the several states in time of war and mobilization. Has it not, however, a field of usefulness in civil life in this country? It has been repeatedly shown that the incidence of typhoid fever is higher in hospitals than in the cities in which the hospitals are situated, and there is a pretty general agreement that the medical and nursing staffs and employees should be vaccinated. In this group we may place the personnel of dispensaries, various charities, and undertakers.

Another large group comprises those who live in industrial villages and isolated communities where the typhoid death rate is above the average. Workhouses, asylums and especially schools come in this category.

There is another large group of persons living under conditions simulating those occurring with an army in the field, although without the same sanitary safeguards. I refer to camps of engineers, contractors and pleasure-seekers. Here, if anywhere, the use of the typhoid prophylactic would richly repay the time and trouble necessary for its administration. Its usefulness, however, is not limited to these classes of persons. The typhoid death rates for the large cities in the North are low, varying from 4.7 in Bridgeport, Conn., to 17.5 in Philadelphia, and as long as the inhabitants of these cities remain at home they run little danger of contracting the disease. Remaining at home, however, is a thing most of us do not do; therefore, why not avail ourselves of this form of individual prophylaxis which is efficient in all places and at all times?"

MAY, 1914

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

STATE BOARD OF HEALTH

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DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	Estimated Population.	Living Births in April.	Still Births in April.	Marriages in April.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Pox.
Total for State,	1,176,621	2,519	102	848	1,490	15.2	239	98	..
1 Ansonia,	15,893	48	..	10	18	13.5	7	2	..
2 Branford,	6,149	14	2	2	7	13.6	2	..	..
3 Bridgeport,	111,371	297	8	82	131	13.8	23	14	..
4 Bristol,	14,659	31	..	8	17	13.0	6	..	..
5 Danbury,	24,710	41	1	9	27	11.6	2	1	..
6 Derby,	9,309	25	1	5	16	12.8	4	4	..
7 East Hartford,	8,657	14	..	8	13	17.9	..	3	..
8 Enfield,	10,625	28	1	12	9	10.1	3	..	..
9 Fairfield,	6,627	5	1	5	11	19.9	2	..	..
10 Greenwich,	17,750	33	2	23	20	13.5	1	1	..
11 Groton,	6,654	18	..	4	8	14.4	..	..	..
12 Hamden,	6,217	13	..	7	8	15.4	1	..	..
13 Hartford,	104,634	299	11	113	163	14.9	21	5	..
14 Huntington,	6,836	17	1	4	4	7.0	..	..	..
15 Killingly,	6,483	11	..	5	6	11.1	1	2	..
16 Manchester,	14,553	31	1	14	16	13.1	1	1	..
17 Meriden,	33,077	68	2	22	42	15.2	4	2	..
18 Middletown,	21,727	34	2	12	25	12.1	5	2	..
19 Naugatuck,	13,376	22	..	13	9	8.0	1	1	..
20 New Britain,	48,630	162	4	28	51	12.0	16	2	..
21 New Haven,	141,278	364	19	113	181	13.7	23	16	..
22 New London,	20,292	47	1	14	30	14.7	2	2	..
23 New Milford,	5,071	9	1	4	6	14.1	..	..	..
24 Norwalk,	25,494	30	2	16	40	18.8	6	4	..
25 Norwich,	29,293	37	3	24	31	12.6	8	..	..
26 Orange,	12,555	23	1	5	9	8.6	..	1	..
27 Plainfield,	7,288	5	..	13	1	..	..	..	..
28 Plymouth,	5,678	13	..	..	7	14.7	3	..	..
29 Putnam,	7,260	13	..	7	11	16.5	..	1	..
30 Seymour,	5,159	14	2	4	11	25.5	2	2	..
31 Southington,	6,703	15	..	2	15	26.8	2	2	..
32 Stafford,	5,513	8	..	4	3	6.5	..	..	..
33 Stamford,	31,835	76	4	40	55	19.9	10	9	..
34 Stonington,	9,338	18	1	8	12	15.4	..	..	..
35 Stratford,	6,328	11	1	2	4	7.5	1	1	..
36 Torrington,	18,156	29	3	12	14	9.2	3	1	..
37 Vernon,	9,268	15	2	10	10	12.9	1	..	..
38 Wallingford,	11,801	29	1	6	10	10.1	4	..	..
39 Waterbury,	79,741	173	6	58	198	14.1	25	8	..
40 West Hartford,	5,294	10	..	..	11	22.8	3	..	..
41 Winchester,	8,953	22	1	4	12	12.0	1	..	..
42 Windham,	13,344	28	1	12	16	13.4	4	2	..
Total of above towns, ..	953,579	2,200	86	744	1,188	15.6	198	89	..
Towns of less than 5,000,	223,042	319	18	104	245	13.1	41	9	..
Deaths in State Inst's., ..	..	..	..	..	57	..	..	..	..

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 2; in Dan-
New Britain, 2; in New Haven, 19; in New London, 5; in Norwalk, 0; in Norwich, 0; in
residents in these are deducted from the total mortality of their respective towns in estimat-

HEALTH FOR THE MONTH OF MAY, 1914.

FOR APRIL, 1914.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhoea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.	
13	5	10	3	1	18	19	13	9	2	22	135	22	150	26	67	106	869	
..	1	..	..	..	..	1	3	..	2	..	1	1	9	1
..	1	2	..	..	..	..	..	4	2
2	1	..	..	1	3	6	1	..	..	..	8	3	5	3	8	14	76	3
1	1	..	..	..	..	1	..	2	2	..	1	9	4
..	1	..	1	..	..	..	2	..	1	..	1	3	18	5
..	2	..	4	..	..	3	7	6
1	1	..	..	2	..	1	1	7	7
..	1	2	..	..	..	6	8
..	1	..	..	..	..	..	..	1	1	2	1	5	9
..	2	1	3	1	..	2	11	10
..	1	..	..	..	..	1	..	1	..	5	11
..	2	..	..	1	..	..	5	12
..	1	1	..	..	1	..	1	1	..	4	13	2	16	..	12	16	95	13
..	1	..	..	..	2	..	1	14
..	2	..	..	1	..	..	..	3	15
..	2	..	2	2	10	16
..	1	1	1	..	2	..	7	1	8	1	1	1	18	17
1	1	2	..	..	..	..	..	..	3	1	..	1	16	18
..	1	..	..	..	..	..	1	..	..	1	6	19
..	1	2	1	5	1	2	2	37	20
4	1	1	..	..	1	..	1	3	..	..	11	3	20	3	9	12	112	21
1	1	..	2	5	2	1	..	1	3	14	22
..	5	23
1	..	1	1	..	1	2	..	..	..	..	1	..	5	1	3	5	19	24
..	..	2	..	..	1	..	2	..	..	..	2	..	5	1	..	4	14	25
..	1	..	..	..	..	1	1	1	..	5	26
..	1	..	1	27
..	1	1	5	28
..	1	..	..	..	..	..	1	..	1	..	1	1	6	29
..	1	..	..	..	..	1	..	..	1	..	..	..	8	30
..	1	..	..	1	..	..	13	31
..	1	..	..	..	..	..	..	..	..	..	2	32
..	1	..	..	..	2	1	1	2	..	..	2	1	9	..	1	3	32	33
..	1	..	..	..	..	..	11	34
..	1	..	..	..	..	..	..	..	..	..	..	..	3	35
..	2	..	..	..	..	1	..	..	..	..	..	11	36
..	2	..	1	3	4	37
..	1	..	..	..	..	3	2	2	..	..	..	4	38
..	1	1	1	..	..	..	1	..	..	4	11	2	8	3	3	5	58	39
..	1	..	..	1	9	40
..	..	1	..	..	..	..	..	..	..	..	2	..	..	1	..	1	7	41
1	2	..	..	..	..	..	..	..	2	1	..	..	10	42
12	5	7	2	1	18	17	11	9	2	17	86	17	117	23	55	88	701	
1	..	3	1	..	..	2	2	..	..	5	16	4	32	3	10	18	148	
..	33	1	1	..	2	..	20	

bury, 3; in Derby, 6; in Greenwich, 0; in Hartford, 33; in Meriden, 0; in Middletown, 3; in Putnam, 1; in Stamford, 2; in Waterbury, 4; in Winchester, 3; and in Windham, 1. Non-
ing the death rates of those towns.

VITAL STATISTICS FOR MAY, 1914.

By mortality reports received there were 1,490 deaths during the month of May. This was 156 less than in April and 65 more than in May of last year, and 86 more than the average number of deaths during May for the five years preceding:

	1914	1913	1912	1911	1910	1909
January	1,670	1,614	1,600	1,760	1,498	1,367
February	1,624	1,547	1,567	1,556	1,421	1,313
March	1,846	1,704	1,681	1,692	1,632	1,575
Total first quarter	5,140	4,865	4,848	5,008	4,551	4,255
April	1,646	1,507	1,428	1,679	1,505	1,508
May	1,490	1,425	1,406	1,435	1,421	1,332

The death rate was 15.6 for the large towns, for the small towns 13.1 and for the whole state 15.2.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

SMALL POX.—East Hartford, 1; Middletown (city), 1; Middletown (town), 1; Sprague, 1.—Total, 4 in 4 towns.

MEASLES.—Andover, 1; Bridgeport, 16; Bristol, 1; Darien, 3; East Granby, 2; East Haddam, 1; Ellington, 1; Fairfield, 2+, Glastonbury, 3; Goshen, 2; Greenwich, 36; Hamden, 6; Hartford, 30; Harwinton, 1; Lyme, 1; Madison, 1; Manchester, 5; Middletown, 2; Milford, 1; New Britain, 2; New Canaan, 3; New Haven, 56; New London, 33; Newtown, 4; North Haven, 2; Norwalk (city), "epidemic"; Orange, 4; Plainville, 4; Pomfret, 17; Preston, 1; Ridgefield, 2; Roxbury, 6; Salisbury, 2; Seymour, 5; Simsbury, 1; South Windsor, "many cases"; Stamford (city), 27; Stamford (town), 2; Stratford, 12; Warren, 4; Waterbury, 3; Waterford, 2; Wethersfield, 6; Willimantic (city), 4; Wilton, 2; Windsor, 25; Windsor Locks, "epidemic"; Winsted (borough), 2.—Total, 346+ in 48 towns.

SCARLET FEVER.—Branford, 4; Bridgeport, 9; Bristol, 1; Brooklyn, 1; Burlington, 1; Cheshire, 1; Colchester, 3; Derby, 1; East Hartford, 1; East Haven, 2; East Windsor, 3; Enfield, 1; Essex, 2; Greenwich, 2; Groton, 2; Guilford, 1; Hartford, 7; Manchester, 3; Meriden (city), 2; Monroe, 1; New Britain, 1; New Canaan, 3; New Haven, 25; Newington, 2; New London, 6; Newtown, 1; North Canaan, 8; Norwalk (city), 1; Norwich (city), 1; Norwich (town), 1; Orange, 3; Plainfield, 1; Putnam (city), 1; Ridgefield, 1; Saybrook, 7; Seymour, 1; Sharon, 1; Shelton (borough), 1; Southington, 2; Stafford Springs

(borough), 1; Stamford (city), 5; Stonington, 3; Suffield, 3; Thompson, 1; Tolland, 1; Torrington, 11; Wallingford, 3; Waterbury, 4; Watertown, 1; West Hartford, 1; Willimantic (city), 2; Winchester, 1; Winsted (borough), 5.—Total, 157 in 53* towns.

CEREBRO-SPINAL FEVER.—Norwalk (city), 1; Waterbury, 1; Westport, 1.—Total, 3 in 3 towns.

INFANTILE PARALYSIS.—Bridgeport, 1; Vernon, 1.—Total, 2 in 2 towns.

DIPHTHERIA AND CROUP.—Ansonia, 1; Berlin, 2; Bridgeport, 13; Bristol, 2; Danbury (city), 5; East Haven, 1; Ellington, 1; Glastonbury, 1; Greenwich, 2; Hamden, 3; Hampton, 1; Hartford, 34; Madison, 3; Meriden (city), 4; Meriden (town), 1; Middletown (city), 3; Montville, 2; Naugatuck, 1; New Britain, 17; New Haven, 27; North Branford, 1; Norwalk (city), 5; Norwich, 1; Orange, 1; Putnam (city), 1; Redding, 1; Ridgefield, 2; Seymour, 1; Simsbury, 1; Stafford, 2; Stafford Springs (borough), 1; Stamford (city), 9; Stratford, 3; Torrington, 3; Wallingford, 2; Waterbury, 5; Wethersfield, 1; Willimantic (city), 4; Winsted (borough), 1.—Total, 159 in 39 towns.

WHOOPING COUGH.—Bridgeport, 4; Coventry, 1+; Ellington, 5+; Fairfield, "many"; Griswold, 20; Guilford, 10; Jewett City (borough), "epidemic"; Kent, 4; Litchfield, 3; Meriden (city), 4; Middletown (city), 5; Middletown (town), 1; Naugatuck, 1; New Canaan, 3; New London, 3; North Canaan, 1; Old Saybrook, 1; Putnam (city), 2; Stafford, 9; Stamford (city), 3; Stratford, 7; Waterbury, 2.—Total, 89+ in 22 towns.

TYPHOID FEVER.—Beacon Falls, 1; Bristol, 1; Danbury (city), 1; Hamden, 1; Hartford, 2; Meriden (city), 1; Milford, 1; New Britain, 2; New Haven, *14; New London, 1; Southbury, 1; Southington, 1; Stamford (city), 2; Waterbury, 2; Willimantic (city), 1.—Total, 32 in 15 towns.

TUBERCULOSIS.—Ansonia, 3; Bethany, 1; Branford, 2; Bridgeport, 22; Bristol, 1; Brookfield, 3; Canaan, 1; Canton, 2; Chester, 1; Darien, 1; Derby, 4; Durham, 2; East Haddam, 1; Enfield, 2; Greenwich, 3; Guilford, 1; Haddam, 2; Hartford, 17; Harwinton, 1; Huntington, 1; Manchester, 5; Meriden (city), 12; Middletown (town), 3; New Britain, 6; New Haven, 38; New London, 6; Norwalk (city), 4; Norwich (city), 2; Orange, 1; Plymouth, 1; Putnam (city), 2; Southington, 2; Stamford (city), 4; Stratford, 1; Thomaston, 2; Torrington, 1; Wallingford, 4; Waterbury, 11; Waterford, 2; West Hartford, 2; Winsted (borough), 1.—Total, 183 in 42 towns.

In addition to the above the Health Officers of 67 towns report that they have not been notified of any infectious diseases.

* 4 non-residents.

All the Health Officers of Hartford, New Haven, New London, Windham, and Middlesex counties have reported, but the Health Officers of the following towns have not reported:

Fairfield County.—Bethel (town and borough).

Litchfield County.—Morris.

Tolland County.—Rockville (city).

The following DEATHS from infectious diseases are reported by the REGISTRARS in towns of less than 5,000 population:

MEASLES.—Darien, 1.

LA GRIPPE.—Milford, 2; Thomaston, 1.—Total, 3.

CEREBRO-SPINAL FEVER.—Westport, 1.

WHOOPING COUGH.—Middlefield, 1; Simsbury, 1.—Total, 2.

TUBERCULOSIS.—Bethel, 1; Brooklyn, 1; Darien, 1; Durham, 1; East Haddam, 1; Ellington, 1; Farmington, 1; Granby, 1; Griswold, 2; New Fairfield, 1; Newtown, 1; North Branford, 1; Plainville, 1; Watertown, 1; Windsor Locks, 1.—Total, 16.

The Registrars of the following towns have made no report for May: Ashford, Avon, Chester, East Haven, Kent, Lyme, Madison, Voluntown, Waterford.—Total, 9.

Report of specimens examined at the Laboratory of the State Board of Health during the month of May:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	20	53	3	76
release	16	48		64
School cases	2	86		88
Typhoid	8	38		46
Tuberculosis	40	113		153
Syphilis	17	34	9	60
Glanders	9	15	1	25
Contagious Abortion	2			2
Rabies	1			1
Malaria	1	3	1	5
Meningitis	1			1
Streptococci	1			1
Total specimens examined				522
Samples of milk analyzed				360
" " water examined				39
Sewage and effluents examined				6
Oil samples examined				4

TYPHOID FEVER.

As in former years we would again call the attention of summer vacationists to the danger of contracting typhoid.

Typhoid fever is a disease common in the summer and fall. Every autumn a number of cases occur in the cities which on investigation are found to have been imported from the country by persons returning from their summer vacation. Much of the danger from this source may be avoided, if reasonable care is exercised in choosing a place to spend the summer.

Typhoid fever is a disease of man and is contracted by taking into the mouth in some form the discharges from some previous case. There is no other way. The germs are carried from sick to well in water and food, by flies and the fingers. Therefore, in the choice of a place to spend the summer, one should inquire into the presence of typhoid fever in the community and should determine the opportunity for conveying the germs of the disease from the sick to the well visitor.

Although the germ is always carried in the discharges of the sick, persons who have had the disease may also be carriers of infection for years without their knowledge, so that any sewage may be infected. Therefore a careful inspection should be made of the facilities for disposing of human excrement. A place which has a surface privy to which flies and domestic animals have free access should not be chosen. Places with a privy vault or cesspool situated only a short distance from a well should be avoided. Places which take their water from streams which receive drainage from outhouses or from buildings should likewise be regarded with suspicion. Unscreened toilets, because of flies which they breed and the chances they have of picking up germs and carrying them to the boarders' food, are particularly dangerous. It is equally important, both for the comfort and health of the guests, that the house also be screened.

The source of the milk supply should also be investigated and if, as is too frequently the case, it is found to come from dirty, fly-infested stables, in which dirty cows are milked by dirty hands, it is best to give it a wide berth. Bathing at all beaches which have sewers emptying in their immediate vicinity should be strictly avoided. In the majority of cases it is probable that the system must be slightly below par in order that the disease may be contracted; therefore all indigestible food, green fruits, etc., which may set up indigestion or diarrhoea and so render the system more susceptible to infection should not be eaten. In addition the elementary rules of cleanliness and hygiene, both as to person and house, should be most strictly observed. Persons going to unfamiliar localities where they may be subjected to the danger of typhoid infection should protect themselves by antityphoid vaccination. This in healthy persons is a harmless procedure and confers almost absolute immunity against infection. The duration of the immunity is as yet undetermined, but it is surely two and one-half years and probably longer.

The prevention of typhoid fever in unsewered villages where the privy must continue to be the common method of waste disposal, is often difficult. Dr. W. S. Lay, health officer of Hamden, has issued the following circular on the subject:

AGAIN

HELP TO PREVENT TYPHOID

The spread of Typhoid in this section is undoubtedly caused by the common house fly.

Flies breed in filth; such as privy vaults, manure heaps, in garbage, in pig pens, and any place where filth is allowed to accumulate.

Therefore: Clean out your privy vault before hot weather comes. Keep it clean by covering the contents daily with dry ashes so that flies cannot breed in it. Every few days sprinkle a 5% solution of crude, carbolic acid or some chloride of lime into it. Have tight covers to the seats.

If you keep horses, screen the manure heaps or better yet have it carted away every week.

Don't let garbage or rotten vegetables accumulate.

Don't try to keep pigs in a thickly settled community.

Screen your houses so that the fly that is born and spends part of its time in some closet that may be typhoid infected cannot put its dirty feet, covered with millions of germs, on the food that you and your family have to eat.

During the season of 1912 Highwood had twenty-two cases of Typhoid. By following the above directions the number was reduced to three in 1913.

If every one does their best this year we should not have a single case.

SCARLET FEVER.

The seasonal prevalence of scarlet fever resembles that of diphtheria, the greatest number of cases occurring in the fall or early winter. Occasionally an outbreak comes out of season as the present one in Torrington.

There is no one of the infectious diseases which differs in the intensity of its outbreaks as does scarlet fever. The cases at present are as a rule mild. This renders its control the more difficult, as the ambulatory cases with only slight symptoms are difficult to detect and may convey the disease as well as the more serious ones. The specific germ of scarlet fever is not known or its exact mode of conveyance. The desquamation of the epidermis has been looked upon as the danger time for infection and the scales themselves to be the carriers of the poison, but this is by no means proven. It is granted that the virus is contained in the secretions of the nose, throat and respiratory tract, and it has been suggested that the scales of epidermis contain the poison only as they become infected by the secretions. It is most contagious during the period of eruption, but experience has shown that the patient may give the disease to others until the completion of desquamation. No one should be released from quarantine who has a discharging abscess or running from ears or nostrils.

The essential features of prevention consists in isolation and disinfection. Health officers and physicians can do little in the control without the coöperation of the public, and all should obey the Golden Rule by submitting to a proper diagnosis of even the mildest cases and by a strict observance of all sanitary regulations.

JUNE, 1914

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Total for State,	1,197,266	2,594	91	878	1,223	12.2	190	70	..
1 Ansonia,	16,140	53	2	13	9	6.6	2	1	..
2 Branford,	6,183	13	..	4	7	13.5	2	2	..
3 Bridgeport,	114,477	303	10	122	99	9.8	21	7	..
4 Bristol,	15,045	30	2	6	10	7.9	1	1	..
5 Danbury,	25,113	39	2	15	24	10.5	4	1	..
6 Derby,	9,415	31	..	9	13	15.2	1	2	..
7 East Hartford,	8,830	19	3	5	6	8.1	2	..	..
8 Enfield,	10,927	31	1	21	11	12.0	1	1	..
9 Fairfield,	6,792	10	1	3	4	7.0	1	..	..
10 Glastonbury	5,010	6	..	1	6	14.3	..	..	..
11 Greenwich,	18,179	29	2	19	17	11.2	..	2	..
12 Groton,	6,708	10	..	3	4	7.1	1	..	..
13 Hamden,	6,339	21	..	..	5	9.4	..	1	..
14 Hartford,	106,541	282	9	95	135	10.7	26	6	..
15 Huntington,	6,934	15	1	5	5	8.6	..	1	..
16 Killingly,	6,456	8	..	9	6	11.1	..	..	..
17 Manchester,	14,857	32	1	11	4	3.2	..	..	..
18 Meriden,	33,414	73	2	21	41	14.3	6	3	..
19 Middletown,	22,054	46	2	21	15	7.6	2	..	..
20 Naugatuck,	13,594	27	1	8	10	8.8	2	..	..
21 New Britain,	50,201	191	3	59	43	10.0	17	..	..
22 New Haven,	143,836	346	15	127	164	12.5	28	14	..
23 New London,	20,503	33	3	10	24	12.8	5	1	..
24 New Milford,	5,092	10	..	3	6	14.1	..	..	..
25 Norwalk,	25,922	31	1	11	22	10.1	4	2	..
26 Norwich,	29,651	58	..	33	39	14.5	3	1	..
27 Orange,	12,982	22	1	..	13	12.1	1	..	..
28 Plainfield,	7,478	10	..	3	7	11.2	2	1	..
29 Plymouth,	5,898	21	..	8	3	6.1	..	..	..
30 Putnam,	7,253	10	1	12	4	3.3	1	..	..
31 Seymour,	5,284	12	..	3	2	4.5	..	..	..
32 Southington,	6,766	19	1	5	3	5.3	2	..	..
33 Stafford,	5,607	5	..	..	4	8.5	1	1	..
34 Stamford,	32,834	84	3	27	39	10.5	3	3	..
35 Stonington,	9,399	13	..	10	9	11.4	..	1	..
36 Stratford,	6,534	12	..	1	4	7.3	1	..	..
37 Torrington,	18,594	43	2	16	16	10.3	1	4	..
38 Vernon,	9,328	16	..	7	10	12.8	3	1	..
39 Wallingford,	12,016	25	..	5	10	9.9	1	1	..
40 Waterbury,	81,941	169	6	56	77	10.9	17	3	..
41 West Hartford,	5,456	7	1	..	1	2.1	..	..	..
42 Winchester,	9,045	12	1	7	16	19.9	2	..	..
43 Windham,	13,590	37	1	9	18	12.3	4	1	..
Total of above towns, ..	978,218	2,264	78	803	965	11.8	168	62	..
Towns of less than 5,000,	219,048	330	13	75	215	11.7	22	8	..
Deaths in State Inst's., ..	.....	.....	..	..	43	....	..	..	..

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 36; in Dan-
New Britain, 8; in New Haven, 58; in New London, 5; in Norwalk, 1; in Norwich, 6; in
residents in these are deducted from the total mortality of their respective towns in estimat-

HEALTH FOR THE MONTH OF JUNE, 1914.

FOR MAY, 1914.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhoea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.
1	10	1	2	..	9	8	6	8	2	37	104	18	97	11	85	104	720
..
..	1	..	..	..	1	..	..	..	1	..	1	..	2	..	..	1	4
..	1	..	1	..	2	1	..	..	..	3	7	..	11	..	..	14	3
..	2	..	..	1	..	2	..	5
..	2	..	..	..	2	..	5	..	1	4	10
..	1	..	..	..	..	1	2	..	1	..	2	1	5
..	1	..	..	..	..	..	..	1	1	3
..	1	..	..	1	..	9
..	1	1
..	10
..	4	..	3	..	1	..	9
..	1	..	1	..	12
..	2	..	..	..	..	..	..	..	..	6	1	..	..	..	..	2	13
..	1	1	..	..	5	7	7	1	10	16	14
..	1	..	..	2	..	..	..	..	1	3
..	1	..	16
..	1	..	..	..	1	..	7	1	2	1	3	3	19
..	1	..	..	1	4	9
..	1	..	..	..	..	1	..	..	..	1	..	8
..	3	..	1	5	1	2	3	26
1	1	..	1	1	..	6	12	2	21	1	14	8	96
..	1	..	..	..	..	1	..	..	3	..	3	..	..	2	14
..	2	4
..	1	..	..	..	..	..	..	..	1	..	3	3	14
..	1	1	..	..	1	4	..	..	..	1	3	28
..	1	..	12
..	1	..	1	..	1	1	4
..	1	..	..	..	2
..	1	..	..	..	3
..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
..	2	..	..	..	3
..	1	1	..	1	..	1	1	1	3	..	2	5	23
..	1	..	1	..	..	..	..	..	..	3	..	4
..	1	1	2
..	6	..	..	..	..	..	..	..	..	1	1	..	1	..	1	1	5
..	1	..	3	..	6
..	8	10	..	4	1	7	8	39
..	2	..	1	..	1	..	1
..	1	..	..	..	..	1	..	..	..	2	2	3	9
1	10	1	2	..	9	6	6	8	2	34	68	14	80	7	74	91	552
..	2	..	..	..	3	14	2	17	4	11	13	149
..	22	2	..	..	..	..	19

bury, 7; in Derby, 1; in Greenwich, 1; in Hartford, 74; in Meriden, 3; in Middletown, 1; in Putnam, 3; in Stamford, 15; in Waterbury, 20; in Winchester, 6; and in Windham, 4. Non-
ing the death rates of those towns.

VITAL STATISTICS FOR JUNE, 1914.

By mortality reports received there were 1,223 deaths during the month of June. This was 284 less than in May and 185 less than in June of last year, and 32 less than the average number of deaths during June for the five years preceding:

	1914	1913	1912	1911	1910	1909
January	1,670	1,614	1,600	1,760	1,498	1,367
February	1,624	1,547	1,567	1,556	1,421	1,313
March	1,848	1,704	1,681	1,692	1,632	1,575
Total first quarter	5,142	4,865	4,848	5,008	4,551	4,255
April	1,647	1,507	1,428	1,679	1,505	1,508
May	1,507	1,425	1,406	1,435	1,421	1,332
June	1,223	1,408	1,213	1,175	1,266	1,214
Total second quarter	4,377	4,340	4,047	4,289	4,192	4,054

The death rate expressed as an annual rate per 1,000 estimated population was 11.8 for the large towns, for the small towns 11.7 and for the whole state 12.2. The deaths from infectious diseases were 85, being 6.9 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

SMALL POX.—Cromwell, 1; Middletown (city), 2.—Total, 3 in 2 towns.

MEASLES.—Ansonia, 4; Bethany, 4; Bolton, 5; Branford, 2; Bridgeport, 3; Cromwell, 5; Darien, 30; Franklin, 2; Greenwich, 9; Hartford, 35; Hebron, 5; Ledyard, 1; Litchfield, 1; Madison, 3; Manchester, 4; Middletown, 1; Milford, 3; Montville, 1; New Britain, 9; New Haven, 48; New London, 16; Newtown, "mild epidemic"; North Haven, 1; Norwalk (city), 10; Norwich (city), 4; Orange, 10; Plainville, 1; Pomfret, 1; Putnam (city), 1; Ridgefield, 2; Shelton (borough), 1; Stamford (city), 6; Stratford, 18; Tolland, 2; Wallingford, 2; Waterbury, 4; Waterford, 1; Westbrook, 3; Weston, 2; Westport, 10; Wilimantic (city), 28+; Windham, 2; Windsor, 2; Winsted (borough), 1; Woodstock, 1.—Total, 304+ in 45 towns.

SCARLET FEVER.—Branford, 4; Bridgeport, 6; Canaan, 1; Cornwall, 2; Danbury (city), 1; Darien, 2; East Haven, 1; Hartford, 8; Harwinton, 1; Killingly, 3; Manchester, 1; Meriden, 1; New Britain, 1; New Haven, 12; Newtown, 2; North Canaan, 1; North Stonington, 7; Norwich (city), 1; Orange, 4; Ridgefield, 2; Stamford (city), 1; Stonington, 3; Suffield, 3; Thomaston, 3; Torrington, 40; Waterbury, 3;

Waterford, 3; West Hartford, 1; Winsted (borough), 2; Woodbridge, 1.—Total, 121 in 30 towns.

CEREBRO-SPINAL FEVER.—Bridgeport, 1; Watertown, 1.—Total, 2 in 2 towns.

DIPHTHERIA AND CROUP.—Ansonia, 3; Berlin, 1; Bloomfield, 2; Branford, 3; Bridgeport, 16; Bristol, 3; Colchester, 1; Danbury (city), 3; Darien, 1; East Haddam, 1; East Hartford, 1; Enfield, 2; Fairfield, 6; Greenwich, 2; Guilford, 1; Hartford, 16; Lebanon, 1; Madison, 3; Manchester, 1; Mansfield, 1; Meriden (city), 3; Middletown (city), 2; Montville, 2; Naugatuck, 1; New Britain, 21; New Haven, 37; Newington, 2; Norwalk (city), 5; Orange, 3; Plymouth, 1; Putnam (city), 2; Ridgefield, 2; Roxbury, 1; Seymour, 1; Stafford Springs (borough), 1; Stamford (city), 2; Stamford (town), 2; Stratford, 1; Thompson, 1; Trumbull, 1; Wallingford, 3; Waterbury, 8; West Hartford, 2; Willimantic (city), 2; Willington, 1; Winsted (borough), 1.—Total, 176 in 46 towns.

WHOOPING COUGH.—Bridgeport, 2; Coventry, 12+; Darien, 2; Ellington, "mild epidemic"; Essex, 5; Fairfield, "epidemic"; Greenwich, 2; Griswold, 10; Guilford, 17; Hartford, 3; Jewett City (borough), 25; Litchfield, 1; Madison, 3; Middlefield, 11; Middletown, 5; New Britain, 5; Plainville, 2+; Plymouth, 50, "epidemic"; Ridgefield, 1; Stamford (city), 4; Stamford (town), 2; Stonington, 1; Stratford, 7; Wallingford, "epidemic".—Total, 170+ in 24 towns.

TYPHOID FEVER.—Ansonia, 1; Branford, 1; Bridgeport, 2; Bristol, 1; Derby, 1; East Hartford, 1; Groton (borough), 1; Hartford, 7; Huntington, 1; Madison, 2; Meriden (city), 1; New Britain, 5; New Haven, 2; New London, 4; North Haven, 1; North Stonington, 1; Norwalk (city), 1; Orange, 1; Plainfield, 1; Stonington (borough), 1; Wallingford, 1; Waterbury, 2.—Total, 39 in 22 towns.

TUBERCULOSIS.—Ansonia, 1; Berlin, 1; Bethany, 2; Branford, 2; Bridgeport, 16; Bristol, 3; Brookfield, 2; Burlington, 1; Canaan, 2; Canton, 2; Colchester (borough), 1; Danbury (city), 5; Danielson (borough), 1; Enfield, 3; Greenwich, 3; Hartford, 16; Manchester, 2; Mansfield, 1; Meriden (city), 8; Middletown (city), 1; Middletown (town), 2; Milford, 2; Naugatuck, 2; New Britain, 23; New Haven, 31; New London, 12; Norwich (city), 8; Plymouth, 1; Preston, 1; Rockville (city), 2; Sharon, 1; Simsbury, 1; Southington, 3; Stamford (city), 1; Suffield, 1; Torrington, 3; Union, 1; Wallingford, 4; Waterbury, 6; Westport, 1; Wethersfield, 1; Winsted (borough), 1; Woodbridge, 2.—Total, 183 in 43 towns.

In addition to the above the Health Officers of 67 towns report that they have not been notified of any infectious diseases.

All the Health Officers of Fairfield and Tolland counties have reported, but the Health Officers of the following towns have not reported:

Hartford County.—Avon.
 New Haven County.—North Branford.
 New London County.—Sprague.
 Windham County.—Scotland.
 Litchfield County.—Kent.
 Middlesex County.—Chatham, Portland.

The following **DEATHS** from infectious diseases are reported by the **REGISTRARS** in towns of less than 5,000 population:

WHOOPING COUGH.—Darien, 1; Guilford, 1.—Total, 2.

TUBERCULOSIS.—Bethany, 1; Bethel, 1; Bozrah, 1; Brookfield, 1; Cheshire, 1; Colchester, 1; East Haddam, 1; Guilford, 1; Haddam, 1; Monroe, 1; New Canaan, 1; Trumbull, 1; Waterford, 1; Wethersfield, 1.—Total, 14.

The Registrars of the following towns have made no report for June: Kent, Ledyard, Voluntown.—Total, 3.

Report of specimens examined at the Laboratory of the State Board of Health during the month of June:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	21	41	4	66
release	20	34		54
School cases	1	43		44
Typhoid	6	40		46
Tuberculosis	30	97		127
Syphilis	14	34	6	54
Glanders	1	2		3
Rabies		1		1
Malaria	2	8		10
Meningitis		1		1
Pus for Streptococci	1			1
Urine for Acid Fast Bacteria	1	1		1
Total specimens examined				408
Samples of milk analyzed				350
" " water examined				49
Sewage and effluents examined				8
Oil samples examined				4

THE DISTRIBUTION OF ANTITOXIN.

The appropriation for the free distribution of antitoxin being about exhausted, health officers are cautioned to be careful in the use of the supply which they now have on hand. Local authorities will have to make provision to supply the needy in their towns after this is gone, as there is no prospect of the distribution being resumed by the state until after the Legislature convenes. Health officers are requested to return to us any packages of antitoxin that are not likely to be used before they become outdated, so that they may be used elsewhere. All outdated packages as well as physicians' receipts must be returned to us, for should the distribution be resumed antitoxin will not be sent to health officers who have a large supply charged to them and unaccounted for.

REPORTABLE DISEASES.

Physicians should report promptly to their health officer all cases of typhoid fever, as well as other reportable diseases that occur in their practice. It is only in this way that the presence of communicable diseases in a town can be known to the health authorities. One or two cases of typhoid fever in the practice of a physician does not probably signify much to him, but reports of six or eight cases from half a dozen physicians may mean to the health department a serious outbreak of typhoid fever and will start an investigation which will result in an early discovery of its cause. Health officers in turn report monthly to the State Board of Health and must report immediately the occurrence of epidemics. We are frequently asked "How many cases of a disease are necessary to constitute an epidemic?" Any unusual prevalence of a disease should be considered an epidemic. This is particularly true of typhoid fever which is one of the most preventable of the so-called preventable diseases. The presence of two or three cases in some communities that have been free from it would constitute an outbreak requiring an investigation. Health officers are urged to promptly notify this office of the occurrence of any unusual number of cases of typhoid fever in the territory under their jurisdiction so that it may at once be investigated by us.

STATISTICS OF TRANSMISSIBLE DISEASES.

The vital statistics of greatest consequence are not the number of deaths or the number of births, nor even the number of deaths from preventable diseases, but rather the number of cases of sickness from transmissible diseases. The cost and danger to society from preventable diseases, such as typhoid, diphtheria, scarlet fever, measles, are imperfectly represented by the number of deaths. Medical skill could

gradually reduce death rates in the face of increasing prevalence of infectious disease. With few exceptions, only those patients who refuse to follow instructions will die of measles, diphtheria, or smallpox. The scarlet-fever patient who recovers and goes to church or school while "peeling" can cause vastly more sickness from scarlet fever than a patient who dies. Dr. W. Leslie Mackenzie, who has recently written *The Health of the School Child*, said years ago, while health officer of Leith:

"Death is the ultimate and most severe injury that any disease can inflict, but short of death there may be disablement, permanent or temporary, loss of wages, loss of employment, loss of education, increase of home labor, increase of sickness outlays, increase of worry, anxiety and annoyance, disorganization of the household, general impairment of social efficiency."

The best guarantee against such loss, the best protection of health, and the most essential element of vital statistics is prompt, complete record of cases of sickness. Statistics of sickness are confined to sickness from transmissible diseases, because we have not yet arrived at the point where we recognize the state's right to require information, except when the sick person is a menace to the health of other persons.—*Dr. William H. Allen, Secretary Bureau of Municipal Research, in his "Civics and Health."*

SOFT DRINKS.

As the warm months approach the so-called soft drinks become more and more popular. The writer wishes to call attention to the slack way in which many of these are prepared and served. It is impossible for the department to correct all of the abuse pertaining to these popular drinks, however diligent the employees may be. Many of the finest fitted places are careless about washing glasses and other utensils used for mixing and serving the drinks and the water used for this purpose is often very dirty and seldom changed. The public are urged to inform themselves as to how and by whom the bottled goods used by them are prepared and to observe when purchasing soda-water, etc., at counters, the methods employed. A word to the management of such places will do more to correct slackness than many orders by the health department.—*Bulletin Board of Health, New Haven.*

JULY, 1914

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

STATE BOARD OF HEALTH

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DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	Estimated Population.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Pox.
Total for State,	1,197,266	2,577	86	1,423	1,429	14.3	318	90	..
1 Ansonia,	16,140	45	4	30	19	14.1	10	3	..
2 Branford,	6,183	7	..	2	9	17.4	1	1	..
3 Bridgeport,	114,477	377	10	131	147	14.8	45	10	..
4 Bristol,	15,045	28	2	20	12	9.5	2	..	..
5 Danbury,	25,113	45	2	26	25	10.9	3	1	..
6 Derby,	9,415	13	1	16	23	24.2	13	1	..
7 East Hartford,	8,830	16	1	14	9	12.2	3	..	..
8 Enfield,	10,927	29	..	11	17	18.6	4	2	..
9 Fairfield,	6,792	10	..	2	7	12.3	2	1	..
10 Glastonbury	5,010	7	..	5	3	6.9	1	..	..
11 Greenwich,	18,179	22	..	30	24	14.5	5	2	..
12 Groton,	6,708	6	..	8	5	8.9	1	1	..
13 Hamden,	6,339	16	1	7	6	11.3	..	1	..
14 Hartford,	106,541	282	6	189	151	13.4	34	9	..
15 Huntington,	6,934	20	..	10	5	8.6	2	1	..
16 Killingly,	6,456	12	..	8	8	14.8	1	..	..
17 Manchester,	14,857	29	2	18	13	10.5	6	1	..
18 Meriden,	33,414	81	2	45	42	14.3	7	3	..
19 Middletown,	22,054	30	..	31	19	7.0	2	2	..
20 Naugatuck,	13,594	33	..	13	5	4.4	..	..	..
21 New Britain,	50,201	144	6	69	69	16.2	29	3	..
22 New Haven,	143,836	357	8	205	183	13.6	41	17	..
23 New London,	20,503	60	1	24	23	11.1	4	2	..
24 New Milford,	5,092	9	..	7	6	14.1	..	1	..
25 Norwalk,	25,922	32	1	31	24	10.6	2	2	..
26 Norwich,	29,651	46	1	30	39	15.7	3	3	..
27 Orange,	12,982	14	..	15	10	9.2	2	..	..
28 Plainfield,	7,478	14	..	13	3	4.8	1	..	..
29 Plymouth,	5,898	13	1	8	4	9.8	2	1	..
30 Putnam,	7,253	15	1	10	16	16.5	4	1	..
31 Seymour,	5,284	12	1	7	5	11.3	..	..	..
32 Southington,	6,766	21	..	6	7	12.4	1	1	..
33 Stafford,	5,607	6	..	1	4	8.5	1	..	..
34 Stamford,	32,834	80	2	38	34	10.5	12	..	..
35 Stonington,	9,399	15	2	3	8	10.2	1	..	..
36 Stratford,	6,534	19	1	12	9	16.5	..	..	..
37 Torrington,	18,594	49	2	14	11	7.0	1	1	..
38 Vernon,	9,328	8	..	14	5	6.4	..	..	..
39 Wallingford,	12,016	17	..	15	9	8.9	3	2	..
40 Waterbury,	81,941	178	7	78	87	11.8	29	7	..
41 West Hartford,	5,456	5	..	2	1	2.1	..	1	..
42 Winchester,	9,045	12	3	7	8	9.2	..	..	..
43 Windham,	13,590	27	7	7	28	19.4	9	3	..
Total of above towns, ..	978,218	2,261	75	1,232	1,142	14.5	287	84	..
Towns of less than 5,000,	219,048	316	11	191	237	12.9	31	6	..
Deaths in State Inst's., ..	.....	.....	.....	.....	50	.....	.....	.....	.....

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 4; in Dan-
New Britain, 1; in New Haven, 19; in New London, 4; in Norwalk, 1; in Norwich, 0; in
are deducted from the total mortality of their respective towns in estimating the death rates

HEALTH FOR THE MONTH OF JULY, 1914.

FOR JUNE, 1914.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhoea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.
8	5	4	2	..	15	12	2	7	1	163	112	21	44	9	92	117	815
1	1	..	..	..	..	8	1	..	..	1	..	1	6
..	2	..	..	..	..	..	..	..	..	1	1	..	..	..	..	3	2
..	1	1	..	..	4	2	..	1	..	29	10	3	5	1	11	10	69
..	1	1	1	1	..	3	..	6
..	1	..	..	5	1	2	..	..	3	1	16
..	1	1	2	..	..	..	5	11
..	1	..	..	..	..	4	1	1	..	..	..	1	6
..	2	..	..	..	..	..	10	8
..	1	..	..	..	..	1	4	9
..	1	..	1	2	..	1	1	2	..	10
..	1	..	1	..	16	11
..	1	..	3	12
1	1	1	..	2	..	21	2	1	6	1	13	2	3
..	1	..	..	..	..	..	1	14
..	1	..	..	..	..	..	..	..	..	1	..	..	1	..	..	1	15
..	4	..	1	..	..	2	1	16
..	2	..	..	..	3	2	..	..	..	6	5	17
..	1	..	..	..	..	2	1	..	..	..	..	6	18
..	1	..	..	..	..	9	19
..	16	3	..	4	..	..	4	20
4	2	..	1	1	1	..	..	16	14	4	10	..	15	5	21
..	1	..	..	..	..	1	2	..	1	1	4	12	22
..	1	..	..	1	1	23
..	1	1	1	1	..	1	5	24
..	1	..	..	..	..	1	5	2	..	1	3	2	25
..	1	2	..	..	..	3	26
..	1	..	..	..	..	..	..	..	..	27
..	1	..	..	1	..	28
..	1	..	..	..	..	..	..	..	..	..	..	29
..	1	..	3	1	..	..	1	2	8	30
..	2	1	..	..	1	..	3	31
..	1	..	..	..	2	3	32
..	1	..	..	..	5	3	..	..	..	1	24	33
..	8	34
..	1	..	..	..	..	..	..	2	35
..	1	..	..	..	..	..	..	..	..	1	1	..	..	..	..	2	36
..	1	1	..	..	..	3	5	37
..	2	1	..	..	..	1	1	..	..	1	..	3	38
..	1	1	..	..	..	12	4	1	3	..	3	6	39
..	1	1	2	..	40
2	..	1	..	..	..	..	..	..	..	3	..	..	1	1	1	3	41
8	5	2	2	..	15	10	2	6	1	147	64	19	38	7	77	93	646
..	..	2	..	..	..	2	..	1	..	16	14	2	6	2	14	24	154
..	34	..	..	1	..	15	..

bury, 2; in Derby, 4; in Greenwich, 2; in Hartford, 32; in Meriden, 2; in Middletown, 6; in Putnam, 6; in Stamford, 5; in Waterbury, 6; in Winchester, 1; and in Windham, 6. These of those towns.

VITAL STATISTICS FOR JULY, 1914.

By mortality reports received there were 1,429 deaths during the month of July. This was 202 more than in June and 69 less than in July of last year, and 119 less than the average number of deaths during July for the five years preceding:

	1914	1913	1912	1911	1910	1909
January	1,670	1,614	1,600	1,760	1,498	1,367
February	1,624	1,547	1,567	1,556	1,421	1,313
March	1,848	1,704	1,681	1,692	1,632	1,575
Total first quarter	5,142	4,865	4,848	5,008	4,551	4,255
April	1,648	1,507	1,428	1,679	1,505	1,508
May	1,507	1,425	1,406	1,435	1,421	1,332
June	1,227	1,408	1,213	1,175	1,266	1,214
Total second quarter	4,382	4,340	4,047	4,289	4,192	4,054
July	1,429	1,498	1,454	1,635	1,735	1,416

The death rate expressed as an annual rate per 1,000 estimated population was 14.5 for the large towns, for the small towns 12.9 and for the whole state 14.3. The deaths from infectious diseases were 165, being 11.5 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

SMALL POX.—Cromwell, 2; Middletown, 3; Waterbury, 1; Willimantic (city), 1.—Total, 7 in 4 towns.

MEASLES.—Ansonia, 3; Branford, 3; Brooklyn, 1; East Haddam, 3; Essex, 2; Greenwich, 8; Hartford, 7; Litchfield, 3; Milford, 2; Montville, 3; New Canaan, 7; New Haven, 25; New London, 13; Norwalk (city), 8; Norwich (city), 2; Norwich (town), 1; Old Lyme, 2; Orange, 11; Shelton (borough), 3; Stamford, 2; Stonington, 2; Stratford, 13; Torrington, 1; Westport, 22; Willimantic (city), 17; Windham, 1; Windsor Locks, "several."—Total, 165+ in 27 towns.

SCARLET FEVER.—Branford, 3; Bridgeport, 17; Cornwall, 1; Danbury (city), 1; East Hartford, 3; Hartford, 3; Manchester, 1; Meriden (city), 1; Meriden (town), 1; Naugatuck, 1; New Britain, 1; New Haven, 3; North Stonington, 2; Norwalk (city), 1; Norwich (city), 1; Orange, 4; Southbury, 1; Torrington, 4; Wallingford, 4; Waterbury, 3; Winsted (borough), 5.—Total, 61 in 21 towns.

CEREBRO-SPINAL FEVER.—New Haven, 1.

INFANTILE PARALYSIS.—New Haven, 1.

DIPHTHERIA AND CROUP.—Ansonia, 2; Bethel, 1; Bridgeport, 17; Danbury (city), 2; Darien, 1; Derby, 1; East Granby, 1; East Haddam, 1; Ellington, 1; Enfield, 1; Glastonbury, 1; Greenwich, 5; Groton (borough), 2; Guilford, 1; Hartford, 27; Hebron, 1; Mansfield, 1; Meriden (city), 2; Middletown, 2; Montville, 3; Naugatuck, 3; New Britain, 2; New Haven, 27; Norwalk (city), 2; Norwich (city), 1; Orange, 3; Plainfield, 2; Seymour, 3; South Windsor, 1; Stamford (city), 1; Wallingford, 11; *Waterbury, 1; West Hartford, 2; Wethersfield, 1; Willimantic (city), 1.—Total, 134 in 35 towns.

WHOOPING COUGH.—Branford, 2; Bridgeport, 4; Canton, 23; Chester, 1; Coventry, 20+; Essex, 5; Greenwich, 1; Griswold, 6; Guilford, 3; Hartford, 2; Hebron, 1; Middlefield, 10; Milford, 12; Naugatuck, 2; New Canaan, 4; New Haven, 11; New London, 3; Plymouth, "epidemic"; Ridgefield, 3; Stamford (city), 1; Stratford, 3; Watertown, 1; Westport, 3.—Total, 121+ in 23 towns.

TYPHOID FEVER.—Branford, 1; Enfield, 1; Granby, 1; Greenwich, 1; Hamden, 2; Hartford, 7; Hebron, 1; Manchester, 1; Naugatuck, 1; New Haven, 17; New London, 1; New Milford, 1; Norwalk (city), 2; Old Saybrook, 1; Orange, 3; Putnam (city), 1; Stafford, 1; Stamford (city), 1; Wallingford, 1; Waterbury, 5.—Total, 50 in 20 towns.

TUBERCULOSIS.—Ansonia, 3; Bethel, 1; Bridgeport, 10; Brookfield, 2; Cornwall, 1; Coventry, 1; Danbury (city), 3; Darien, 1; Derby, 1; Glastonbury, 3; Greenwich, 4; Groton, 1; Guilford, 1; Hamden, 1; Hartford, 11; Manchester, 2; Meriden (city), 1; Middletown (city), 1; Middletown (town), 6; Milford, 1; Monroe, 1; Naugatuck, 2; New Britain, 20; New Hartford, 1; New Haven, 39; New London, 1; North Branford, 1; Norwalk (city), 1; Norwich (city), 2; Norwich (town), 1; Orange, 2; Plainfield, 2; Preston, 13; Seymour, 1; Simsbury, 2; Stamford (city), 7; Torrington, 1; Wallingford, 1; Waterbury, 11; Willimantic (city), 1.—Total, 165 in 40 towns.

In addition to the above the Health Officers of 96 towns report that they have not been notified of any infectious diseases.

All the Health Officers of New Haven, New London, Fairfield and Middlesex counties have reported, but the Health Officers of the following towns have not reported:

Hartford County.—Avon, Bristol.

Windham County.—Thompson.

Litchfield County.—Bridgewater.

Tolland County.—Rockville (city).

The following DEATHS from infectious diseases are reported by the REGISTRARS in towns of less than 5,000 population:

LA GRIPPE.—Old Lyme, 1; Somers, 1.—Total, 2.

WHOOPING COUGH.—Coventry, 1; Newtown, 1.—Total, 2.

TYPHOID FEVER.—Granby, 1.

TUBERCULOSIS.—Bloomfield, 1; Canton, 1; Coventry, 1; New Fairfield, 1; North Branford, 1; Redding, 1; Salisbury, 2; Sprague, 1; Suffield, 1; Westport, 1; Windsor Locks, 1; Woodbridge, 1; Woodbury, 1.—Total, 14.

Report of specimens examined at the Laboratory of the State Board of Health during the month of July:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	14	50		64
release	6	31		37
Typhoid	11	36		47
Tuberculosis	24	81		105
Syphilis	29	39	13	81
Glanders	5	6		11
Malaria	4	6		10
Rabies	4	3		7
Contagious Abortion	40	1	4	45
Total specimens examined				407
Samples of milk analyzed				355
" " water examined				61
Sewage and effluents examined				6
Oil samples examined				3

THE SANITARY PRIVY.

GEO. C. HAM, *Sanitary Inspector.*

As less than half the houses in the state of Connecticut are connected with a sewer system the cesspool and privy are still important factors in the health of the community. It is probable that these relics of a past age are directly or indirectly the means of infection in a large number of cases of typhoid and dysentery. Water supplies and wells may be contaminated by the overflow or leaching of cesspools and privies situated at a considerable distance, and infection may be carried by flies to food. Occasionally vegetables are infected by the use of fresh night soil, or sewage used as a fertilizer.

The deep vault privy should be abolished, as it contaminates the soil, breeds flies and in summer generally "smells to Heaven." The ordinary privy building can be made comfortable and approaching sanitary at small expense by attention to the following essentials:

The building should have sufficient light and ventilation and be thoroughly screened. Windows at least one foot square in area should be placed in two sides about three to four feet from the floor. Sliding

windows are cheaply made and easily operated. Ventilators about twelve inches square should be provided in each gable near the roof and smaller ventilators about six inches square should be placed in each side, opening below the seat. All windows and ventilator openings to be screened on the outside with 15 mesh copper wire. The foundations should be cement and built tight to the sills. The hinged door on the rear, opening under the seat, should be tight fitting and provided with fastenings. The seat cover should be hinged and hung to be self closing by its own weight.

There are two types of sanitary privies, generally called the "dry system" or earth closet and the "wet system." In the dry system a water-tight box or, better, a galvanized iron pail is provided, into which is scattered dry earth or ashes each time the privy is used, and occasionally the contents are sprinkled with chloride of lime or a 5 per cent. solution of carbolic acid. The box or pail should have handles and should fit tightly under the seat. The earth should be finely pulverized garden loam kept inside the building, with a convenient scoup or shovel for handling.

In the "wet system" privies some fluid is used in the receptacle either (1) to disinfect the excreta, (2) to act as an insect repellent, or (3) to increase the destruction of disease germs in the excreta by natural fermentation. The disinfectants used are chlorinated lime, carbolic solution, etc., and petroleum is used on top of the water as an insect repellent.

The efficiency of either system depends on cleanliness in the building and thoroughness in screening and disinfecting. The labor and frequency of cleaning are about the same in both systems. Probably the safest method of disposing of night soil is by heating to destroy the disease germs, after which it can be safely used as fertilizer. Where heating is not available the contents of the pails may be disinfected with chloride of lime ($\frac{1}{4}$ lb. to the gallon of excreta) and then buried at a safe distance from any water supply.

Messrs. Lumden, Roberts and Stiles of the U. S. Public Health Service have designed a privy known as the L. R. S. privy which seems to have some advantages over the older types of privies. The following description is from a U. S. Farmer's bulletin, No. 463.

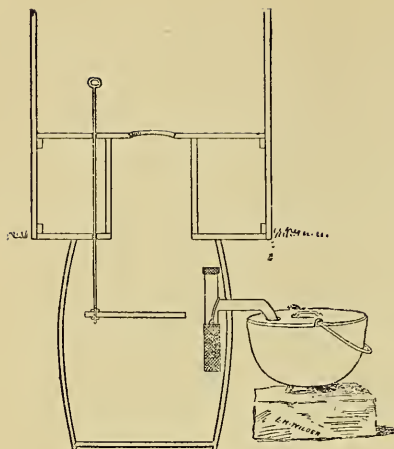
The apparatus consists of the following parts:

(1) A water-tight barrel or other container to receive and liquefy the excreta.

(2) A covered water-tight barrel, can, or other vessel to receive the effluent or overflow.

(3) A connecting pipe about $2\frac{1}{2}$ inches in diameter, about twelve inches long and provided with an open T at one end, both openings of the T being covered with wire screens.

(4) A tight box, preferably zinc lined, which fits tightly on the top of the liquefying barrel. It is provided with an opening on top for the



IMPROVED L. R. S. PRIVY.

seat, which has an automatically closing lid.

(5) An antislashing device consisting of a small board placed horizontally under the seat about an inch below the level of the transverse connecting pipe; it is held in place by a rod which passes through eyes or rings fastened to the box, and by which the board is raised and lowered. The liquefying tank is filled with water up to the point where it begins to trickle into the effluent tank. As an insect repellant a thin film of some form of petroleum may be poured on the surface of the liquid in each barrel.

When the privy is to be used, the rod is pulled up so that the antislashing board rises to within about one inch below the surface of the water. The fecal material falls into the water, but the board prevents splashing, and thus overcomes one of the greatest objections thus far raised to the wet system. After use, the person sinks the antislashing board by pushing down the rod, and the fecal matter then floats free into the water.

Although some of the fecal matter floats, it is protected both from fly breeding and fly feeding in the following ways: First, by the automatically closing lid; second, by the water; third, by the film of oil; fourth, by having the apparatus located in a screened place, which should be done for additional safety. It can be put in the outhouses already in use.

The fecal matter becomes fermented in the water and gradually liquefies; as the excreta settles, the level of the liquid is raised and the excess flows into the effluent tank, where it is protected from insects by the cover and by a film of oil. This effluent may be allowed to collect in the tank until it reaches the level of the connecting pipe, when it may be disposed of in various ways.

It is thus seen that this device appears to meet the following requirements:

(1) It solves the fly problem and the mosquito problem, so far as the privy is concerned.

(2) It liquefies fecal material and reduces its volume, so that it may be safely disposed of more easily and cheaply than the night soil from other types of privies.

(3) It reduces odor.

(4) It reduces the labor of cleaning the privy and makes this work less disagreeable.

(5) It is of simple and inexpensive construction.

AUGUST, 1914

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

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DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	Estimated Population.	Living Births in July.	Still Births in July.	Marriages in July.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Pox.
Total for State,	1,197,266	2,621	85	833	1,583	15.8	448	115	..
1 Ansonia,	16,140	48	1	12	29	21.5	15	5	..
2 Branford,	6,183	8	..	2	8	15.5	2	1	..
3 Bridgeport,	114,477	347	10	100	166	16.9	56	18	..
4 Bristol,	15,045	28	1	13	10	7.9	1	..	..
5 Danbury,	25,113	37	2	8	30	13.8	5	..	..
6 Derby,	9,415	28	..	8	18	21.6	8	3	..
7 East Hartford,	8,830	20	..	4	14	19.0	1	2	..
8 Enfield,	10,927	28	..	24	22	24.1	15	1	..
9 Fairfield,	6,792	12	..	5	14	24.7	5	1	..
10 Glastonbury,	5,010	7	..	2	1	2.3	..	..	..
11 Greenwich,	18,179	59	2	20	30	18.4	9	3	..
12 Groton,	6,708	8	..	1	15	26.8	4	1	..
13 Hamden,	6,339	12	..	1	9	17.0	2	1	..
14 Hartford,	106,541	281	6	82	146	12.3	44	4	..
15 Huntington,	6,934	17	1	2	8	13.8	3	2	..
16 Killingly,	6,456	8	..	5	4	7.4	1	..	..
17 Manchester,	14,857	26	..	14	7	5.6	2	1	..
18 Meriden,	33,414	69	2	20	41	14.7	16	6	..
19 Middletown,	22,054	35	1	13	25	9.7	7	2	..
20 Naugatuck,	13,594	22	2	20	16	14.1	5	1	..
21 New Britain,	50,201	151	5	44	56	12.6	25	6	..
22 New Haven,	143,836	367	12	130	159	12.3	51	15	..
23 New London,	20,503	51	..	22	31	15.8	7	1	..
24 New Milford,	5,092	6	..	1	7	16.4	1	1	..
25 Norwalk,	25,922	31	..	19	36	14.8	8	1	..
26 Norwich,	29,651	54	2	29	39	15.3	7	2	..
27 Orange,	12,982	18	1	3	19	17.5	5	..	..
28 Plainfield,	7,478	15	..	9	5	8.0	2	..	..
29 Plymouth,	5,898	16	1	5	6	12.2	2	1	..
30 Putnam,	7,253	13	2	8	12	18.1	3	..	..
31 Seymour,	5,284	12	..	3	8	18.1	5	1	..
32 Southington,	6,766	10	..	5	6	16.4	..	..	..
33 Stafford,	5,607	10	..	5	9	19.2	..	1	..
34 Stamford,	32,834	70	3	17	52	17.1	9	6	..
35 Stonington,	9,399	11	1	9	8	10.2	2	1	..
36 Stratford,	6,534	7	..	3	14	25.7	4	3	..
37 Torrington,	18,594	40	4	11	13	8.3	10	..	..
38 Vernon,	9,328	16	..	6	12	15.4	1	1	..
39 Wallingford,	12,016	24	..	5	15	14.1	7	1	..
40 Waterbury,	81,941	208	6	35	91	12.7	35	6	..
41 West Hartford,	5,456	12	..	1	10	21.9	1	..	..
42 Winchester,	9,045	16	1	2	12	15.9	4	..	..
43 Windham,	13,590	33	2	7	25	17.6	7	..	..
Total of above towns, ..	978,218	2,291	68	735	1,258	16.1	397	99	..
Towns of less than 5,000,	219,048	330	17	98	265	14.5	51	16	..
Deaths in State Inst's., ..	.....	.....	..	..	60	.....	.....	.....	.....

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 4; in Dan-
in New Haven, 11; in New London, 4; in Norwalk, 4; in Norwich, 1; in Putnam, 1; in
from the total mortality of their respective towns in estimating the death rates of those

HEALTH FOR THE MONTH OF AUGUST, 1914.

FOR JULY, 1914.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhoea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.	
4	4	..	..	..	10	17	1	10	..	275	132	23	65	13	97	132	800	
1	1	..	..	..	12	3	..	..	..	..	3	9	1
..	1?	..	..	..	..	..	..	..	..	3	..	2	..	..	..	..	2	2
..	3	..	..	..	3	2	..	1	..	36	12	1	8	1	10	10	79	3
..	1	..	3	..	6	4
..	1	..	..	3	4	..	..	..	3	4	15	5
..	1	2	15	6
..	1	..	..	..	..	1	..	1	..	..	1	2	8	7
..	13	1	..	1	1	..	3	3	8
..	5	..	..	..	..	1	2	6	9
..	1	..	10	..
1	1	..	..	..	6	1	..	..	..	2	4	15	11
..	2	..	..	..	..	..	3	10	12
..	2	2	..	..	..	1	..	4	13
..	1	1	..	4	..	20	10	5	10	2	12	10	71	14
..	3	2	1	..	..	..	..	2	15
..	1	..	..	..	..	..	..	3	16
..	1	1	1	..	..	1	..	3	17
..	6	..	..	..	8	3	2	3	..	2	..	17	18
..	1	..	..	1	..	5	..	1	1	..	1	3	12	19
..	3	3	..	1	..	..	1	8	20
..	1	1	..	..	..	15	3	..	1	..	1	5	29	21
2	28	10	4	16	1	18	10	70	22
..	3	2	..	2	..	2	3	19	23
..	2	..	..	..	..	..	1	4	24
..	3	2	..	..	1	4	2	24	25
..	5	5	1	..	..	..	7	21	26
..	1	..	..	1	..	1	..	16	27
..	1	..	..	..	..	..	..	4	28
..	3	..	..	..	..	1	..	2	29
..	1	2	9	30
..	5	1	..	..	..	..	..	2	31
..	1	..	1	..	..	..	4	32
..	1	..	..	1	..	1	..	6	33
..	1	..	8	4	..	1	..	2	8	28	34
..	2	..	..	..	1	..	..	3	..	..	2	5	35
..	7	1	..	..	..	..	..	6	36
..	2	1	..	..	1	..	1	7	38
..	1	..	..	..	..	6	2	1	..	..	..	..	5	39
..	1	1	..	3	..	17	8	2	4	1	2	8	44	40
..	1	1	4	1	..	..	3	41
..	4	1	..	..	..	1	1	5	42
..	1	..	1	4	19	43
4	4	..	..	..	9	15	1	10	..	236	84	23	60	10	74	103	625	
..	1	2	..	..	..	39	18	..	4	3	21	29	148	
..	30	..	..	1	..	2	..	27	

bury, 1; in Derby, 1; in Greenwich, 2; in Hartford, 36; in Middletown, 7; in New Britain, 3; Stamford, 5; in Waterbury, 4; in Winchester, 2; and in Windham, 5. These are deducted towns.

VITAL STATISTICS FOR AUGUST, 1914.

By mortality reports received there were 1,583 deaths during the month of August. This was 143 more than in July and 49 more than in August of last year, and 116 more than the average number of deaths during August for the five years preceding:

	1914	1913	1912	1911	1910	1909
January	1,671	1,614	1,600	1,760	1,498	1,367
February	1,623	1,547	1,567	1,556	1,421	1,313
March	1,847	1,704	1,681	1,692	1,632	1,575
Total first quarter	5,141	4,865	4,848	5,008	4,551	4,255
April	1,648	1,507	1,428	1,679	1,505	1,508
May	1,507	1,425	1,406	1,435	1,421	1,332
June	1,231	1,408	1,213	1,175	1,266	1,214
Total second quarter	4,386	4,340	4,047	4,289	4,192	4,054
July	1,440	1,498	1,454	1,635	1,735	1,416
August	1,583	1,534	1,433	1,449	1,426	1,492

The death rate expressed as an annual rate per 1,000 estimated population was 16.1 for the large towns, for the small towns 14.5 and for the whole state 15.8. The deaths from infectious diseases were 177, being 11.1 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

MEASLES.—Brooklyn, 1; Hartford, 1; New Haven, 5; New London, 6; Orange, 2; Shelton (borough), 8; Stamford (city), 1; Stonington, 4; Stratford, 5; Westport, 2; Willimantic (city), 6; Woodstock, 1.—Total, 42 in 12 towns.

SCARLET FEVER.—Branford, 3; Bridgeport, 8; Hamden, 1; Hartford, 3; Jewett City (borough), 1; Manchester, 1; Meriden (city), 2; New Britain, 2; New Haven, 7; Newington, 1; North Stonington, 1; Norwalk, 1; Orange, 1; Southington, 1; Stafford, 1; Stamford (city), 2; Wallingford, 11; Waterbury, 1; Willimantic (city), 1; Willington, 1; Winsted (borough), 1.—Total, 50 in 21 towns.

CEREBRO-SPINAL FEVER.—Hartford, 2.

DIPHTHERIA AND CROUP.—Ansonia, 1; Branford, 1; Bridgeport, 13; Bristol, 2; Chatham, 2; Danbury (city), 3; Derby, 1; East Granby, 1; Enfield, 3; Glastonbury, 1; Greenwich, 1; Hartford, 19; Ledyard, 1; Meriden (city), 2; Middletown, 3; Naugatuck, 1; New Britain, 7; New Haven, 22; Newington, 2; North Haven, 1; Norwalk, 4; Norwich (city), 1; Oxford, 1; Rockville (city), 1; Roxbury, 1; Seymour, 3;

Southington, 1; Stafford, 3; Torrington, 2; Wallingford, 7; Waterbury, 12; West Hartford, 1; Westport, 2; Willimantic (city), 1; Windsor, 1.—Total, 128 in 35 towns.

WHOOPING COUGH.—Bridgeport, 1; Columbia, 3; Coventry, 1+; Fairfield, "epidemic"; Greenwich, 3+; Hartford, 7; Milford, 2; New Canaan, 2; New Haven, 8; New London, 4; Plymouth, "epidemic"; Shelton (borough), 5; Stamford (city), 3; Stratford, 2; Willimantic (city), 6.—Total, 47+ in 15 towns.

TYPHOID FEVER.—Barkhamsted, 1; Bridgeport, 9; Cromwell, 1; East Hartford, 8; Easton, 1; Enfield, 5; Greenwich, 2; Hamden, 3; Hartford, 13; Manchester, 1; Naugatuck, 2; New Britain, 1; New Haven, 13; New London, 1; Norwalk, 3; Orange, 2; Stafford, 1; Stamford (city), 1; Stamford (town), 9; Stratford, 1; Suffield, 1; Waterbury, 7; Westbrook, 1; West Hartford, 4; Willimantic (city), 1; Woodbury, 1.—Total, 93 in 26 towns.

TUBERCULOSIS.—Ansonia, 2; Bloomfield, 1; Branford, 2; Bridgeport, 16; Bristol, 1; Brookfield, 2; Clinton, 1; Coventry, 1; Danbury (city), 1; Derby, 1; East Lyme, 2; Enfield, 2; Glastonbury, 2; Greenwich, 3; Hartford, 20; Hebron, 1; Litchfield, 1; Madison, 1; Manchester, 2; Meriden (city), 3; Middletown (city), 2; Middletown (town), 4; Naugatuck, 3; New Britain, 10; New Haven, 35; New London, 3; Norwalk, 3; Norwich (city), 9; Orange, 1; Plymouth, 1; Preston, 1; Putnam, 1; Rockville (city), 4; Saybrook, 1; Seymour, 1; Sharon, 1; Simsbury, 1; Stafford, 1; Stamford (city), 5; Stamford (town), 1; Stratford, 1; Suffield, 1; Torrington, 1; Waterbury, 15; West Hartford, 2; Willimantic (city), 2; Winsted (borough), 1.—Total, 176 in 47 towns.

In addition to the above the Health Officers of 102 towns report that they have not been notified of any infectious diseases.

All the Health Officers of Hartford, New Haven, Fairfield and Windham Counties have reported, but the Health Officers of the following towns have not reported:

New London County.—Lyme.

Litchfield County.—Bridgewater, Kent, Morris.

Middlesex County.—Chester.

Tolland County.—Union.

The following DEATHS from infectious diseases are reported by the REGISTRARS in towns of less than 5,000 population:

DIPHtheria AND CROUP.—Haddam, 1.

WHOOPING COUGH.—Ellington, 1; Essex, 1.—Total, 2.

TUBERCULOSIS.—Bethel, 1; Burlington, 1; Canaan, 1; Chatham, 1; Clinton, 1; Cornwall, 1; Cromwell, 1; Darien, 1; Mansfield, 1; New Hartford, 1; Salisbury, 1; Suffield, 1; Thompson, 1; Union, 1; Westport, 1; Wilton, 1; Woodbridge, 2.—Total, 18.

The Registrars of the following towns have made no report for August: Ashford, Bloomfield, East Haven, Hartland, Marlborough, Watertown and Westbrook.—Total, 7.

Report of specimens examined at the Laboratory of the State Board of Health during the month of August, 1914:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	7	33	0	40
release	6	23	0	29
Typhoid	31	50	0	81
Tuberculosis	38	89	0	127
Malaria	1	6	0	7
Rabies	1	2	0	3
Gonococcus	1	0	0	1
Contagious Abortion	1	0	0	1
Syphilis	18	22	4	44
Glanders	9	9	0	18
Total specimens examined				351
Samples of milk analyzed				305
" " water examined				46
Sewage and effluents examined,				6
Oil samples examined				4

REPORTS UPON MILK ANALYSES.

Hereafter the reports from the State Laboratory upon the analyses of milk will include what will be called the *General Grade*. In making up this General Grade all of the factors determined in the analyses will be included in such a way that a perfect milk will receive a grade of 100. To receive a score of 100 the milk must have a refractometer reading of at least 37.5, a fat content of 5%, a bacteriological content of 5,000 or less, and must show no dirt; and any failure to reach any of these standards will reduce the general grade.

The first of the two points above included have reference to the food value of milk. The refractometer reading gives data concerning the solid content not fat. It will be noticed that the fat content used for a perfect score is 5%, and this is higher than can be obtained from the milk of Holstein cattle. No dairy man who keeps Holstein cattle can furnish milk as rich in food value as those keeping other grades of cows and therefore the General Grade is arranged to show this fact, and Holstein milk cannot receive a grade of 100. The second two factors used have reference to the healthfulness of the milk since they give

data in regard to cleanliness and care in handling. The General Grade thus places emphasis both upon the food value of the milk and upon its healthfulness. From the reports sent to the dairymen each can not only learn how his milk scores in general but also exactly what factor is at fault where it shows a low score.

The Board does not undertake to publish these grades although it realizes the value of such publication. The question of publication however is left to each community to settle for itself.

THE REGISTRARS AND MARRIAGE LICENSES.

There appears to be a lack of uniformity among Registrars regarding the issuance of marriage licenses where the contracting parties are non-residents, in which case the law provides that they must give five days notice before receiving a license. The application should be made, sworn to and dated on the same day. The Registrar should then hold it for five days before attaching his signature and issuing the license. There is then five days difference between the date of application and the date of the Registrar's certificate, which makes it apparent that the law has been complied with. Some Registrars have been in the habit of dating both application and certificate the same day.

ANTITOXIN.

Health officers are again asked to send to this office all packages of antitoxin that are out of date. Each package is stamped on one end with the date to which it is guaranteed and we wish you would return at once all packages on which the guaranteed date has expired. Compliance with this notice is important as outdated antitoxin is exchangeable with the producer for fresh stock.

WEATHER REPORT.

So many of our readers have written us stating that they miss the weather reports formerly published in the Bulletin and expressed the wish that we continue to print them, we have resumed their publication with this issue.

THE USE OF BORAX TO PREVENT FLY BREEDING.

The U. S. Department of Agriculture in Bulletin No. 118 reports that a small amount of borax sprinkled daily on horse manure will prevent flies from breeding. The same is true when applied to garbage, refuse, open toilets, damp floors, crevices in stables, cellars, or markets. Borax will not kill the adult fly nor prevent it from laying eggs, but its thorough use will prevent fly eggs from hatching or the maggots from developing.

The investigation was undertaken with many substances to find one that would prevent the breeding of flies in horse manure without destroying the value of the manure as fertilizer. As a result of experiments carried on at Arlington Farm in Virginia and New Orleans, La., the investigators found that .62 of a pound, or .75 of a pound of calcined colemanite (crude calcium borate) would kill the maggots and prevent practically all of the flies ordinarily breeding in eight bushels of horse manure from developing.

This was proved by placing manure in cages and comparing the results from piles treated with borax and from untreated piles. The borax, it was found, killed the fly eggs and maggots in the manure and prevented their growth into flies.

In the case of garbage cans and refuse piles two ounces of borax costing from five cents a pound upwards, according to the quantity which is purchased, will effectually prevent flies from breeding.

While it can be safely stated that no injurious action has followed the application to the land of manure treated with borax at the rate of .62 of a pound for eight bushels or even larger amounts in the case of some plants, nevertheless borax-treated manure has not been studied in connection with the growth of all crops, nor has its cumulative effect been determined. It is therefore recommended that not more than fifteen tons of borax-treated manure should be applied per acre to a field. As truck growers use considerably more than this amount, it is suggested that all cars containing borax-treated manure be so marked. It is also recommended that all public health officials and others in recommending borax treatment for killing fly eggs and maggots in manure warn the public against the injurious effects of large amounts of borax on the growth of plants.

In feeding to hogs garbage that contains borax, care is also recommended, especially when the animals are being fattened for the market. Borax is not a very poisonous substance and the feeding of garbage containing it to hogs is not likely to be a serious matter. On the other hand borax in large quantities does produce gastric disturbances and for this reason a certain amount of care is advisable.

The method for using this substance in the case of stables is to sprinkle the borax in the quantities given above, by means of a flour sifter or other fine sieve, around the edge of the pile of horse manure. The manure should then be sprinkled immediately with two or three gallons of water to eight bushels of manure. It is essential, however, to sprinkle a little of the borax on the manure as it is added daily to the pile, instead of waiting until a full pile is obtained, as this will prevent the eggs which flies lay on fresh manure from hatching. As fly maggots congregate at the outer edge of the manure pile, most of the borax should be sprinkled there.

Borax costs five to six cents per pound in 100 pound lots in Washington, and it is estimated that at this rate it would cost only one cent per day per horse to prevent all breeding of flies in city stables. At the same

time if borax is used on the manure only in the proportions stated, .62 of a pound for eight bushels, its value for use in the garden will not be lessened.

The Department felt that if some means of preventing the breeding of flies near human habitations could be devised, the disease spread by these filthy germ carriers could be greatly reduced and now believes that this information will greatly aid health authorities in their campaign against the fly. While traps and other devices for reducing the number of typhoid-carrying flies are of value, they are of less importance than the prevention of breeding. It was realized, however, that no measure for preventing the breeding of flies would come into common use unless it was such that the farmer could use it on his manure pile without destroying its usefulness for growing plants, and without introducing into the soil any substance that would interfere with his crops.

MEDICAL INSPECTION OF SCHOOLS.

Medical inspection of schools is a movement of recent growth although by no means in its infancy and long ago passed the experimental stage. European countries have had it for many years and in the United States the first regular system of inspection began in Boston in 1894. Although the Connecticut law gives to school committees the power to appoint medical inspectors the work has been very generally started and carried on by the Boards of Health or Health Officers, and at the present time all our large cities have regularly appointed medical inspectors and in many of the smaller places the work is carried on as part of the duties of the health officer. In some towns the schools are inspected by volunteers from the medical profession. Health officers and physicians could not avoid recognizing the fact that the schools are the most certain centers of infection in the community and medical inspection has grown up for the purpose of detecting cases of contagious disease and for the purpose of segregating such cases for the protection of other children. Epidemics have been checked or avoided and improvement has been noted in the cleanliness and neatness of the children.

But medical inspection does not stop here; other problems have forced themselves on the attention of the inspectors. Pupils have been unable to keep up with their classes, being termed "backward" or "retarded." Inquiries and physical examination of these cases by school doctors have revealed a surprising number of children who through defective eyesight, hearing and other causes have been seriously handicapped in their school work. Thus, medical inspection has been developed not only for the detection of contagious diseases, but for discovering defects which interfere with the child's ability to do his school work, or which, if neglected, will seriously affect his physical efficiency in after life.

There are twenty-four cities or towns in the state that have medical inspection of their schools, varying from every day in some towns to

once a term in others, and in twenty-two other towns there is at least an annual inspection. In addition to the physicians, one or more school nurses are employed in Bridgeport, Bristol, Greenwich, Hartford, Meriden, Middletown, New Britain, New Haven, New London, South Manchester, Stamford, Torrington, Wallingford and Waterbury. New London employs a dentist who treats free of charge all cases reported by the school nurse. The cost is about \$1,200 per annum. In Bridgeport \$6,000 has been appropriated for a dental clinic the coming school year.

The reports from towns having medical inspection as a rule show excellent results and state that there has been less sickness with a larger percentage of attendance, cleaner children and the children do better work.

WOMEN'S CLUBS TO CHECK BIRTH REGISTRATION.

The Children's Bureau of the Department of Labor, under the direction of its chief, Miss Julia C. Lathrop, is charged by the law of its organization to investigate "all matters pertaining to the welfare of children and child life among all classes of our people, and shall especially investigate the questions of infant mortality, the birth rate, orphanage, juvenile courts, dangerous occupations, desertion, accidents and diseases of children, employment and legislation affecting children in the several states and territories." In the words of Miss Lathrop, referring to birth records, it is "vitally concerned in all efforts to improve registration."

To check the accuracy of birth registration the Bureau has entered into a coöperative movement with the women's organizations throughout the country in which committees of women in selected towns will get the names of, say, ten babies each, go to the registration office, see if they are recorded and report the results to the Children's Bureau. This has already been done in a few Connecticut towns and women's clubs, and others desiring to know more of this movement are urged to write to the Children's Bureau, Washington, D. C.

CARE OF THE FEEBLE-MINDED.

Press Article, North Carolina State Board of Health.

The menace of the feeble-minded to our own and future generations, through the seemingly impossible problem of segregation, has only during the past decade received the attention its magnitude demands. This question past generations have neglected, in the futile hope of its elimination through the law of "the survival of the fittest."

Today, thanks to the Binet system of psychological test, supplemented by the tests of Doctors Huey, Healy, and others, we are beginning to realize its grave importance. Applying these tests to the children in our public schools, experts tell us that at least 2 per cent are mentally

defective. New York City alone, according to the estimate, has 15,000 feeble-minded children in the public schools.

Conservative authorities have placed the number of feeble-minded persons in the United States at 200,000, and estimated that this class constitutes one-fourth of the population of our prisons and reformatories. The present capacity of our institutions for the feeble-minded is about 20,000; almshouses contain about 16,000, and there are in the neighborhood of 5,000 in institutions for the insane. The total number receiving public care in the United States, according to competent authorities, is about 67,000, thus leaving, at a low estimate, 133,000 without institutional advantages or control.

Are these unfortunates on the increase? The Royal Commission of England came to the conclusion, after four years of study of this problem, that they were increasing at twice the rate of the general population. Careful investigation has shown that at least two-thirds of the feeble-minded children are of feeble-minded parents, or grandparents, or both. Dr. Henry H. Goddard, of New Jersey, does not believe that any "truly feeble-minded child was ever cured," and other competent authorities agree with him in saying "that it is useless to try to develop the latent mentality of feeble-minded children, because it does not exist."

What steps have been taken or remedies proposed for a solution of this problem that threatens the very foundation of society? Sterilization has long been advocated by many penologists and alienists as the one certain preventive measure. Eight of our states have passed laws providing for sterilization of certain classes of defectives, but in only one are they enforced. This remedy can be only of restricted service until public sentiment is developed to sustain the execution of such laws—perhaps in two generations, or until something better offers. Restrictive marriage laws have demonstrated that their influence can be only partial, inasmuch as these defectives reproduce their kind regardless of marriage, and in far greater number than normal people. Segregation, that is proving so practical and effective for the insane, remains, in spite of the magnitude of the undertaking, the one available solution. We must not forget that thirty years ago the segregation of the insane seemed equally impossible.

Dr. Hasting H. Hart, director of the Department of Child-Helping of the Russell Sage Foundation, has for years been indefatigable in his efforts to find a working program to meet the problem of mental defectives. He believes in legislation, to give the state absolute control, as is the case with the commitment of the insane, if real results are to come from segregation of the feeble-minded.

Since it is impossible to provide in the near future for all of this class, Dr. Hart is strongly advocating (1) that in every new institution for feeble-minded children preference be given in admission to girls of child-bearing age, and (2) that every institution for feeble-minded shall cease to receive girls under the age of twelve, or boys of any age, until every feeble-minded girl of child-bearing age is provided for.

U. S. DEPARTMENT OF AGRICULTURE, WEATHER BUREAU.
MONTHLY METEOROLOGICAL SUMMARY.
HARTFORD, CONN., AUGUST, 1914.

DATE.	TEMPERATURE			Precipitation. (In inches and hundredths.)	Character of day.	Percentage of Sunshine.	
	Maximum.	Minimum.	Mean.				
1	82	61	72	.00	Pt. Cldy	64	ATMOSPHERIC PRESSURE. (Reduced to sea level ; inches and hundredths.) Mean.....30.01 ; highest..30.26 ; date 26 Lowest .....29.82 ; date 2
2	83	62	72	.00	Pt. Cldy	61	
3	80	64	72	.02	Pt. Cldy	56	
4	71	62	66	T.	Cloudy	3	TEMPERATURE. Highest..92°; date 9 ; lowest....53°; date 26 Greatest daily range 25°; .....date 9 Least daily range..4°; .....date 29 Mean highest...79.8°; lowest....62.7°
5	72	61	66	.00	Cloudy	18	
6	79	63	71	.00	Pt. Cldy	37	
7	81	63	72	.00	Pt. Cldy	49	MEAN FOR THIS MONTH IN 1905-68° 1906-73° 1907-69° 1908-69° 1909-69° 1910-69° 1911-70° 1912-68° 1913-71° 1914-71° Mean for this month..... 71.2° Normal for this month..... 68.9° Absolute maximum for this month for 10 years..... 96° Absolute minimum for this month for 10 years..... 43° Average daily excess of this month as compared with the normal 2.3° Accumulated deficiency (—) since Jan. 1 78.5° Average daily deficiency (—) since Jan. 1 0.3°
8	89	69	79	.06	Pt. Cldy	43	
9	92	67	80	.00	Clear	64	
10	89	71	80	.00	Pt. Cldy	74	PRECIPITATION. Total this month..... 1.96 Greatest precipitation in 24 hours 0.99, date..... 20-21 Normal for this month..... 4.56 Deficiency (—) of this month as compared with the normal 2.60 Accumulated deficiency (—) since Jan. 1 5.74
11	81	72	76	.25	Cloudy	8	
12	72	64	68	T.	Cloudy	1	
13	80	62	71	.00	Clear	76	TOTAL PRECIPITATION THIS MONTH IN 1905-5.08 1906-2.65 1907-1.03 1908-6.74 1909-3.35 1910-2.98 1911-5.56 1912-3.02 1913-3.89 1914-1.96
14	81	57	69	.00	Pt. Cldy	67	
15	83	66	74	.00	Pt. Cldy	61	
16	81	60	70	T.	Pt. Cldy	82	WIND. Prevailing direction S. Total movement..... 4,417 miles Average hourly velocity 5.9 Maximum velocity (in five minutes) 24 miles per hour, from S. W. on 21st.
17	81	66	74	.09	Cloudy	0	
18	79	60	70	.07	Cloudy	0	
19	89	70	80	.02	Pt. Cldy	56	WEATHER. Number of days, clear..... 7 Partly cloudy..... 13 Cloudy 11 On which .01 inch, or more, occurred.. 11
20	82	67	74	.45	Cloudy	45	
21	81	67	74	.54	Cloudy	21	
22	83	65	74	.00	Clear	100	MISCELLANEOUS PHENOMENA (dates of). Halos, solar..... none Halos, lunar..... none Thunderstorms..... 11, 17, 18, 19, 20, 21, 30 Fog..... 9, 21 Frost none
23	83	60	72	.00	Clear	79	
24	81	59	70	T.	Cloudy	27	
25	75	55	65	.00	Pt. Cldy	60	
26	74	53	64	.00	Clear	84	
27	77	56	66	.00	Clear	84	
28	73	62	68	.02	Cloudy	2	
29	64	60	62	.36	Cloudy	0	
30	76	60	68	.00	Pt. Cldy	73	
31	81	60	70	.00	Clear	100	
Mean	80	63	71	1.96		48	

NOTE.—“T” indicates trace of precipitation.

W. W. NEIFERT, Local Forecaster,
 Mean monthly relative humidity, 80 p. c. WEATHER BUREAU.

OCT 19 1914

New Series, Vol. 1, No. 9

Full Series, Vol. XXVIII, No.

SEPTEMBER, 1914

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

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PRESS OF T., M. & T. CO.

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	Estimated Population.	Living Births in August.	Still Births in August.	Marriages in August.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Pox.
Total for State,	1,197,266	2,709	111	862	1,494	14.0	242	88	..
1 Ansonia,	16,140	52	5	9	19	14.1	10	4	..
2 Branford,	6,183	12	..	4	5	9.7	1	..	..
3 Bridgeport,	114,477	296	13	116	128	12.8	38	6	..
4 Bristol,	15,045	43	1	9	10	7.9	6	..	..
5 Danbury,	25,113	33	1	13	38	18.1	4	4	..
6 Derby,	9,415	26	4	7	10	12.7	3	..	..
7 East Hartford,	8,830	14	..	2	11	14.8	3	..	..
8 Enfield,	10,927	38	1	10	13	14.2	3	1	..
9 Fairfield,	6,792	11	1	1	6	10.6	2	..	..
10 Glastonbury,	5,010	7	..	3	5	11.9	1	..	..
11 Greenwich,	18,179	25	5	22	26	14.6	7	1	..
12 Groton,	6,708	12	1	..	10	17.8	1	1	..
13 Hamden,	6,339	18	1	1	11	18.7	4	1	..
14 Hartford,	106,541	302	10	102	134	12.0	31	7	..
15 Huntington,	6,934	18	..	4	7	12.1	3	..	..
16 Killingly,	6,456	11	..	6	4	7.4	1	..	..
17 Manchester,	14,857	22	2	8	14	11.3	4	1	..
18 Meriden,	33,414	72	3	18	37	13.5	9	7	..
19 Middletown,	22,054	58	3	9	31	14.6	8	3	..
20 Naugatuck,	13,594	22	1	17	10	8.8	4	..	..
21 New Britain,	50,201	149	4	48	55	12.9	24	5	..
22 New Haven,	143,836	383	12	115	188	15.1	47	9	..
23 New London,	20,503	58	..	22	39	19.8	8	2	..
24 New Milford,	5,092	10	..	..	3	6.9	..	..	..
25 Norwalk,	25,922	42	3	19	30	13.4	5	4	..
26 Norwich,	29,651	57	2	29	39	14.9	12	..	..
27 Orange,	12,982	20	..	4	19	17.5	7	..	..
28 Plainfield,	7,478	11	1	5	5	8.0	1	..	..
29 Plymouth,	5,898	18	..	3	9	18.3	5	1	..
30 Putnam,	7,253	15	1	11	9	14.0	2	..	..
31 Seymour,	5,284	11	1	3	13	29.5	4	..	..
32 Southington,	6,766	14	1	3	4	7.0	1	1	..
33 Stafford,	5,607	16	..	3	..	..	..	..	..
34 Stamford,	32,834	64	3	23	44	14.2	15	4	..
35 Stonington,	9,399	30	..	6	16	20.4	4	1	..
36 Stratford,	6,534	18	..	3	5	9.1	1	..	..
37 Torrington,	18,594	41	2	14	11	7.0	5	1	..
38 Vernon,	9,328	15	1	19	8	10.2	..	1	..
39 Wallingford,	12,016	33	2	7	18	17.9	3	1	..
40 Waterbury,	81,941	186	13	45	117	15.9	41	10	..
41 West Hartford,	5,456	4	..	2	4	8.7	..	..	..
42 Winchester,	9,045	26	..	8	10	9.2	2	1	..
43 Windham,	13,590	37	3	5	29	23.8	9	4	..
Total of above towns, ..	978,218	2,350	101	758	1,204	14.6	196	71	..
Towns of less than 5,000,	219,048	359	10	104	228	12.4	46	17	..
Deaths in State Inst's., ..	.....	....	..	...	62	...	...	...	...

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 5; in Derby, 5; in Norwalk, 1; in Norwich, 2; in Stamford, 5; in Waterbury, 8; in Winchester, 3; and in five towns in estimating the death rates of those towns.

HEALTH FOR THE MONTH OF SEPTEMBER, 1914. FOR AUGUST, 1914.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.	
I	4	I	3	..	14	6	2	20	..	222	116	16	71	13	87	123	795	
..	I	..	..	..	..	6	..	..	..	I	..	..	9	I
..	I	..	I	..	3	2
..	..	I	I	..	I	I	..	..	..	22	11	3	10	I	5	9	63	3
..	4	I	..	..	..	I	..	4	4
..	3	3	..	I	..	4	3	24	5
..	I	..	I	I	..	..	..	2	..	5	6
..	I	..	I	I	..	..	..	..	2	6	7
..	I	..	2	..	..	I	..	I	4	4	8
..	I	..	..	..	..	..	..	I	..	..	..	..	I	I	3	9
..	I	..	4	10
..	6	I	..	..	..	..	6	13	11
..	I	I	..	..	..	..	..	7	12
..	4	I	..	..	I	I	I	3	13
..	2	5	..	17	4	1	12	2	12	8	71	14
..	2	I	..	I	..	..	I	2	15
..	I	I	..	I	..	..	..	I	16
..	2	..	..	..	..	..	..	..	..	I	..	..	..	..	2	..	9	17
..	I	2	..	..	..	8	3	..	I	..	3	2	17	18
..	I	..	..	..	..	4	I	..	3	..	3	2	17	19
..	I	..	..	3	..	..	..	9	20
..	I	..	..	..	..	16	3	..	3	..	3	5	24	21
..	2	..	..	..	I	..	..	4	..	12	14	7	12	2	11	21	102	22
..	I	..	..	2	..	5	2	..	2	..	4	3	20	23
..	I	..	..	..	..	..	2	24
..	2	..	..	3	I	2	..	I	3	2	16	25
..	6	2	..	..	..	2	3	26	26
..	I	2	..	2	..	2	2	10	27
..	5	28
..	I	..	..	..	5	..	..	..	..	..	..	3	29
..	I	..	..	..	..	I	I	..	..	..	..	..	7	30
..	I	..	..	I	..	..	3	7	31
..	I	..	..	..	..	..	..	3	32
..	33
..	I	..	..	..	..	11	2	..	I	..	4	4	21	34
..	I	..	..	..	I	I	I	..	..	..	2	10	35
..	I	..	..	..	..	..	I	3	36
..	4	I	..	..	..	..	I	5	37
..	I	I	..	..	..	..	I	5	38
..	I	..	..	I	..	..	4	12	39
..	I	..	2	..	..	27	5	2	5	I	5	6	63	40
..	I	..	..	3	41
..	2	2	..	I	..	I	I	3	42
I	6	..	..	2	I	2	I	16	43
I	4	I	2	..	10	5	2	18	..	192	68	16	61	11	73	100	640	
..	I	..	4	I	..	I	..	30	15	..	9	2	14	22	129	
..	I	..	..	33	..	I	..	..	I	26	

3; in Hartford, 27; in Middletown, 4; in New Britain, 1; in New Haven, 6; in New London, 3; in Windham, 2. Non-residents in these are deducted from the total mortality of their respec-

VITAL STATISTICS FOR SEPTEMBER, 1914.

By mortality reports received there were 1,494 deaths during the month of September. This was 103 less than in August and 74 more than in September of last year, and 143 more than the average number of deaths during September for the five years preceding:

	1914	1913	1912	1911	1910	1909
January	1,671	1,614	1,600	1,760	1,498	1,367
February	1,623	1,547	1,567	1,556	1,421	1,313
March	1,846	1,704	1,681	1,692	1,632	1,575
Total first quarter	5,140	4,865	4,848	5,008	4,551	4,255
April	1,648	1,507	1,428	1,679	1,505	1,508
May	1,508	1,425	1,406	1,435	1,421	1,332
June	1,231	1,408	1,213	1,175	1,266	1,214
Total second quarter	4,387	4,340	4,047	4,289	4,192	4,054
July	1,440	1,498	1,454	1,635	1,735	1,416
August	1,597	1,534	1,433	1,449	1,426	1,492
September	1,494	1,420	1,391	1,284	1,387	1,293
Total third quarter	4,531	4,452	4,278	4,368	4,548	4,201

The death rate expressed as an annual rate per 1,000 estimated population was 14.6 for the large towns, for the small towns 12.4 and for the whole state 14.0. The deaths from infectious diseases were 165, being 11.0 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

MEASLES.—Ansonia, 3; East Haddam, 3; Hartford, 2; New Haven, 6; Orange, 1; Seymour, 1; Somers, 25; Waterbury, 1; Willimantic (city), 1.—Total, 43 in 9 towns.

SCARLET FEVER.—Branford, 3; Bridgeport, 16; Bristol, 2; Danbury (city), 1; Darien, 1; Fairfield, 1; Hamden, 1; Hartford, 6; Killingly, (?); Manchester, 3; Meriden (city), 5; Middletown (city), 1; Milford, 1; New Britain, 2; New Haven, 19; North Stonington, 1; Norwalk (city), 1; Norwich (city), 17; Plainfield, 2; Portland, 1; Stratford, 1; Torrington, 6; Wallingford, 5; Waterbury, 3.—Total, 99+ in 24 towns.

CEREBRO-SPINAL FEVER.—Bridgeport, 1; Fairfield, 1; Meriden (city), 1; Old Lyme, 1.—Total, 4 in 4 towns.

INFANTILE PARALYSIS.—Branford, 1; Southington, 1.—Total, 2 in 2 towns.

DIPHTHERIA AND CROUP.—Ansonia, 2; Bethel, 3; Branford, 3; Bridgeport, 13; Bristol, 2; Canton, 1; Chatham, 1; Danbury (city), 3; Derby, 2; East Haven, 1; East Windsor, 1; Ellington, 1; Enfield, 1; Farmington, 1; Greenwich, 1; Haddam, 3+; Hartford, 24; Meriden (city), 5; Meriden (town), 2; Middletown (city), 7; Milford, 1; Naugatuck, 5; New Britain, 12; New Haven, 29; North Haven, 2; Norwich (city), 2; Orange, 5; Ridgefield, 1; Rockville (city), 2; Salisbury, 3; Seymour, 3; Sprague, 1; Stafford, 4; Stafford Springs (borough), 1; Stamford (city), 1; Stratford, 2; Thompson, 1; Torrington, 3; Wallingford, 9; Waterbury, 15; Willington, 1; Winsted (borough), 3.—Total, 183+ in 42 towns.

WHOOPIING COUGH.—Canton, 1; Greenwich, 8; Hartford, 1; Harwinton, 1; Jewett City (borough), 4; Milford, 7; New Canaan, 6; New Haven, 11; New London, 7; North Stonington, 3; Plainfield, 4; Rockville (city), 2; Shelton (borough), 2; Stamford (city), 6; Stonington (borough), 4; Stonington (town), 2; Thomaston, 2; Westport, 3; Willimantic (city), 3.—Total, 77 in 19 towns.

TYPHOID FEVER.—Andover, 1; Branford, 1; Bridgeport, 7; Bristol, 1; Canton, 1; Columbia, 1; Darien, 3; Derby, 1; Eastford, 1; East Hartford, 15; Enfield, 2; Essex, 1; Glastonbury, 3; Greenwich, 2; Groton, 2; Hamden, 2; Hartford, 55; Manchester, 5; Meriden (city), 1; Milford, 1; New Britain, 3; New Fairfield, 2; New Haven, 39; New London, 1; North Haven, 1; Norwalk (city), 7; Norwich (city), 2; Orange, 1; Plymouth, 2; Seymour, 1; South Windsor, 1; Stamford (city), 3; Stamford (town), 2; Stratford, 4; Torrington, 3; Waterbury, 5; Westbrook, 1; West Hartford, 1; Westport, 1; Wethersfield, 2; Willimantic (city), 7.—Total, 195 in 41 towns.

TUBERCULOSIS.—Ansonia, 2; Avon, 1; Bethel, 3; Bridgeport, 16; Bristol, 1; Brookfield, 2; Cheshire, 1; Danbury (city), 2; Derby, 2; East Granby, 1; Essex, 2; Greenwich, 1; Hartford, 13; Manchester, 1; Meriden (city), 4; Meriden (town), 1; Middletown (city), 2; Middletown (town), 1; New Britain, 9; New Canaan, 1; New Haven, 32; North Haven, 1; Norwalk (city), 3; Preston, 1; Putnam (city), 1; Rockville (city), 3; Shelton (borough), 2; Sharon, 1; Southington, 1; Stamford (city), 10; Torrington, 2; Wallingford, 4; Waterbury, 14; Watertown, 1; Westport, 3; Willimantic (city), 1.—Total, 146 in 36 towns.

In addition to the above the Health Officers of 92 towns report that they have not been notified of any infectious diseases.

All the Health Officers of Hartford, New Haven, New London, Windham, Middlesex and Tolland Counties have reported, but the Health Officers of the following towns have not reported:

Fairfield County.—Newtown.

Litchfield County.—Kent, Washington.

The following **DEATHS** from infectious diseases are reported by the **REGISTRARS** in towns of less than 5,000 population:

CEREBRO-SPINAL MENINGITIS.—Old Lyme, 1.

DIPHTHERIA AND CROUP.—Farmington, 1; Haddam, 1; Watertown, 1; Willington, 1.—Total, 4.

WHOOPING COUGH.—Middlebury, 1.

TYPHOID FEVER.—South Windsor, 1.

TUBERCULOSIS.—Bethany, 1; Bolton, 1; Burlington, 1; Canton, 1; Cheshire, 1; Chester, 1; East Granby, 1; Essex, 1; Goshen, 1; Hebron, 1; Litchfield, 1; New Canaan, 1; North Haven, 1; Plainville, 1; Westport, 1.—Total, 15.

The Registrars of the following towns have made no report for September:—Bethel, Cornwall, Madison, Middlefield, Pomfret, Stafford, Voluntown, Waterford and Woodbridge.—Total, 9.

Report of specimens examined at the Laboratory of the State Board of Health during the Month of September, 1914:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	31	83	0	114
release	6	29	5	40
Typhoid	38	45	11	94
Tuberculosis	28	76	0	104
Malaria	4	8	0	12
Glanders	18	21	11	50
Syphilis	11	47	3	61
Rabies	0	2	0	2
Meningitis	0	1	0	1
Conjunctivitis	1	0	0	1
Total specimens examined				469
Samples of milk analyzed				358
" " water examined				62
Sewage and effluents examined				2
Oil samples examined				4

COMMON COLDS.

These, as the name implies, have long been considered as due to lowered atmospheric temperature. This belief is growing less and less every day. The present opinion of physicians is that most of them have very little to do with exposure to a low temperature, but are transferred from person to person by an infection, there being a number of micro-organisms that will cause them. The best place to catch cold is not out of doors, but in close, ill ventilated rooms, cars, theaters or churches. Getting the feet wet or chilling the body does little more than lower the general health, making us more easy victims to them. The fact that colds

are much more prevalent in winter is chiefly because at that season of the year we live in houses with doors and windows closed, thus providing an ideal place for the multiplication and transmission of the influenza and other germs. Then, too, in cold weather we take less exercise out of doors, which results in lower bodily vigor and less resistance, therefore we are more susceptible. People who live out of doors summer and winter, and properly ventilate their houses, suffer little more from colds in winter than they do in summer. One seldom takes cold from normal exercise in the open air. Colds on the other hand, are readily traced from one person to another through households, schools, factories and often occur after attending crowded assemblies.

What then is the remedy? We can not destroy all the countless germs or quarantine every one who has a cold. This is not necessary. If we keep ourselves in vigorous health, clean and warmly, but not too heavily clad, we can defy germs. We may of course take cold occasionally, but we will throw it off quickly. Learn to live and sleep as much as possible in the open air. Fifty years ago it was the popular belief that a person with consumption should not be exposed to cold air, now we know that cold fresh air is the only cure and foul air its cause. What will cure consumption will not harm a healthy man. Bathing and exercise increase bodily vigor by promoting the action of the skin and the elimination of waste material. Therefore to avoid taking cold we should keep the body in such excellent condition that it will resist the invasion of germs, and we should avoid infection as far as possible.

GETTING READY FOR WINTER.

Outdoor winter sleeping has always suffered at the hands of people who unreasonably stay indoors during the summer and with the coming of cold weather pull their bed either onto the porch or into a corner of the room between two open windows with a strong cross current. Just now is none too soon to begin inuring oneself to the outdoor habit. Twelve months ago a child of three months began taking its nap outdoors. Cold weather came and its mother brought it inside. It objected to indoor sleeping, however, and so was given an open porch, where it had its nap regularly on fair days and stormy, except when the rain blew on it. It was not long after frost and snow came before the cheeks of the once fragile child began to glow; its skin became clear, its eyes shone with the luster of health, and it became vigorous and resistant to conditions that to the ordinary child spell cold and sore throat, and often diphtheria.

What is good for babies is good for adults. It is folly to expect the system to be able to resist the shock of sleeping outdoors in zero weather without training. The situation is parallel to that of swimmers. Any day last winter one might have seen on a certain Chicago beach a group of women enjoying a dip in Lake Michigan. The cold bath was not a shock to the nervous system; the vitality of the swimmers was not

lowered, and they did not suffer from the cold in any way. The bath was possible because they had begun in the summer and without skipping a day had carried their visit to the beach into and through the winter.

And by the way, too, now is the time to begin preparing for the cold spray during the winter. Even in summer the cold spray is not a pleasure to one unaccustomed to it, and what must it be if begun in winter? One may, however, begin taking his cold spray in the summer and by continuing it without missing a morning into the cold months, it will not be an ordeal to be dreaded, but a pleasure. One who does not know the pleasurable skin reaction that follows the cold spray, the feeling of exhilaration and buoyancy, the mental and physical stimulus that enables one to enter upon a day's work full of "pep" and with what musicians call "attack"—an animation that sustains one throughout the day—one, we say, who has not had this delightful experience will take our advice and begin at once to plan for his winter morning spray.—*Good Health.*

RATS AND PUBLIC HEALTH.

The most serious charge against rats grow out of their relation to human health. It is now positively known that rats are chiefly responsible for the Bubonic Plague, a disease, which in spite of all efforts to combat it, has within the past dozen years caused more than five million deaths in India alone. Bubonic Plague is primarily a disease of the rat. It is communicated from the plague-stricken rat to other rats and from rats to men by means of fleas with which the rats are infested. When a rat is dead of plague, the fleas abandon the dead rat and go in search of living beings who still have warm blood circulating in their veins. In biting man the fleas inoculate him with the virus from the rat dead of the plague and thus transmit the disease to man. The identity of plague in man with plague in the rat was proven some years ago, but the particular means by which the disease is transmitted from rat to rat and from rat to man was not clearly understood until within recent years. The India Plague Commission after two years of exhaustive research, has summarized the results of its study in the following conclusions:

1. Bubonic Plague in man is entirely dependent on the disease in the rat.
2. The infection is conveyed from rat to rat and from rat to man solely by means of the rat flea.
3. A case of Bubonic Plague in man is not itself infectious.
4. A large majority of plague cases occur singly in houses. When more than one case occurs in a house the attacks are generally simultaneous. (This proves there is no soil infection.)
5. Plague is usually conveyed from place to place by rat fleas, which are carried by people on their persons or in their baggage. The human agent (the carrier) not infrequently himself escapes infection.
6. Insanitary conditions have no relation to the occurrence of plague except in so far as they favor infestation by rats.

7. The known epidemic season is approached usually by acute plague in the rat, accompanied by a few cases in human beings.

Bubonic Plague made its appearance in the United States at San Francisco in 1907. Up to February, 1908, 77 deaths from plague occurred. Traps, poison, bounties and every possible means were employed to destroy the rats in the city. Up to May, 1908, 278,000 rats were captured and it was estimated that fully one-half a million had been poisoned. From May, 1908, to June 1, 1909, 116,000 rats were trapped and 10,000 were found dead. As a matter of course the number of dead rats discovered was a small per cent. of the total number killed by poison. The last rat found infected with plague bacillus was taken October 23, 1908, but no cases of plague in the human have occurred in San Francisco since January, 1908.

Rats disseminate diseases other than Bubonic Plague. Trichinosis in hogs is probably perpetuated by rats, since trichinæ in the hog can result only from its eating the flesh of animals infested with the trichinæ parasite. The only two domestic animals known to be subject to this parasite are the rat and the hog itself. Pork becomes infected, then, only when hogs eat the flesh either of infested rats or infested hogs. Slaughter houses where rats are abundant and where hogs are fed on uncooked offal are the chief sources of trichinous pork. Rats are probably disseminators of every kind of infection which can be conveyed into and through drains, since drains and sewers are the natural highways of the rat. Typhoid, tuberculosis, diphtheria and other malignant infections are in this way probably carried to places where they threaten human health. Ptomaines are undoubtedly conveyed to meats and other human foods in this way.

Rats are dangerous. The present outbreak of plague in New Orleans is due to rats, and the efforts of the city government, the state of Louisiana and the U. S. Public Health Service combined are being directed to eliminate rats from the city. The only way to avoid plague in the United States is to exterminate the rat. They can be destroyed only by making an universal war against them with traps, poison, starvation, by organized rat hunts and by building them out. As a result of the outbreak of plague in San Francisco, rat proof construction has been enforced until both rats and plague have been entirely "built out" of the Chinatown section of the city. The people of the United States must adopt the slogan, "Destroy the Rats."—*Bulletin Indiana State Board of Health.*

CO-OPERATION IN SANITATION.

DR. W. H. MARSHALL, in *Michigan Health Bulletin.*

There are few who will not admit that a full-time health officer is a modern necessity, not only in our larger cities, but in our smaller cities and rural communities as well. A well-trained man should be constantly on the job to put out the small fires of disease, so that larger

conflagrations may not occur. There are few thoughtful people who will not admit that medical inspection of schools is highly desirable. However, there are communities that, for financial and other reasons, have not availed themselves of the inestimable benefits of the full-time health officer and of the school medical inspector. The health officer of such a community must make the best of a bad situation. In order to accomplish much, he must enlist the co-operation of those whose interests are bound up in his.

Realizing that the public schools were fruitful sources for the dissemination of disease, I sought two years ago to enlist the services of the teachers as sanitarians. At the beginning of the school year, a teachers' meeting is called and the principles of schoolroom hygiene and elementary medical inspection are discussed. A brief synopsis of our lecture may be of interest.

Such subjects as ventilation, lighting and the position of the child at the desk are dealt with in detail. The proper handling of books and personal cleanliness are emphasized. How to detect eye-strain by simple tests is briefly described, and as a result our teachers have become very adept in detailing visual errors. The teachers are taught to be on the lookout for running ears and to promptly refer these cases to a physician. Adenoids are explained and it is perfectly surprising how readily teachers can detect these cases. We devote some time to a study of the defective and precocious. The more careful handling of the latter has decidedly reduced the number of cases of chorea in our schools. The problem of the pupil who wants to "leave the room" is discussed from various angles and the teacher taught to handle the problem more intelligently.

A brief survey of the communicable diseases is then taken up. The teacher is given instructions to send home any child who has a fever, who has a rash, who has a sore throat, or who has sore eyes. I generally show a few cases of the infectious skin diseases, for there is always available material at the beginning of the session. Impetigo contagiosa, scabies, pediculosis and ringworm are shown and explained. A few years ago, we had hundreds of these cases in the course of a school year. I venture to say that during this year we have not had a dozen cases of these affections. Where there is any doubt as to the diagnosis of a skin eruption, the teacher is instructed to send the child to my office for examination. I have been agreeably surprised by the results of this instruction. The teachers seem to be more alert than formerly and the diseases of the schoolroom have been less numerous than they were a few years ago.

Further, the services of our teachers have been enlisted in the awakening of public sentiment. Particularly is this true during "clean-up" week. The theoretic and the æsthetic aspects of civic cleanliness are dealt with in the schoolroom. Nor is the practical side neglected, for the high school boys, under the direction of their teachers have cleaned

up disgraceful looking vacant lots, as well as the untidy grounds surrounding the city hall. This little hint to the city fathers proved to be an excellent stimulus and they have been doing more for us than formerly.

We use the schoolroom to circulate the literature of the State Board of Health. Each year we distribute several hundred copies of the bulletin dealing with house flies. The children are really much better informed about the life history and habits of these pests than are their parents. This surely augurs well for the future. As our city is situated on a lake, and occasional lives are lost by drowning, the subject of first aid to the apparently drowned is taken up and the excellent bulletins and posters of the State Board of Health are distributed.

At a meeting of our citizens, the need of proper playgrounds was taken up. We pointed out the physical, moral and intellectual benefits to be derived from well-directed play. As a result, Mr. G. Von Platen donated a large tract of land near the center of the city to be used as a playground. He also kindly donated lumber to construct the necessary equipment. Another great help in co-operative sanitation is the Woman's club. The ladies are always eager to be addressed on subjects pertaining to public health and hygiene. I have spoken to them on such subjects as the "clean city," the "delinquent child," and the "girl problem." Mr. Mickel, inspector for the Pure Food department, gave a most interesting address on "food inspection." The club secured the co-operation of the lodges and purchased a number of receptacles for waste paper and other rubbish usually thrown on the street. These have been placed at suitable locations about town. Each can has painted on it "Help keep the city clean." The club has an organization in each ward with the object of civic improvement. Through them the health officer is informed of local nuisances. We have two excellent mothers' clubs in the city and hope to have one in each ward. These mothers are anxious that their homes and neighborhood be sanitary and that their children be spared from the ravages of disease. Most of the papers are read by the mothers themselves, on topics pertaining to the home and the child. Superintendent Butler has spoken on educational matters and the writer has spoken on such subjects as "infectious diseases" and "the care of children in hot weather." We distribute a great deal of good literature in this way and are putting the mothers on the mailing list of the State Board of Health publications.

The coming generation is going to be cleaner and healthier than the present one. The teaching of personal cleanliness and the proper regard for sanitation, is found to have a good effect. The coming citizen will have a higher ideal of proper civic conduct and a better conception of the rights of his neighbor. The coming health officer will have an easier task than we who have had to blaze the trail, and he will succeed in proportion to the success he has in the marshaling of all the available forces in his community.

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., SEPTEMBER, 1914.

DATE.	TEMPERATURE			Precipitation. (In inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.	
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)	
1	86	59	72	.00	Pt. Cldy	63	Mean.....	30.11; highest...30.52; date 14
2	90	72	81	T.	Pt. Cldy	52	Lowest.....	29.80; date 24
3	82	69	76	T.	Cloudy	54	TEMPERATURE.	
4	76	61	68	.00	Pt. Cldy	45	Highest..	.93°; date 23; lowest....32°; date 29
5	75	54	64	.00	Clear	94	Greatest daily range	36°; .....date 17
6	76	55	66	.01	Cloudy	54	Least daily range..	.11°; .....date 25
7	82	60	71	.00	Clear	66	Mean highest	...75.0°; lowest....51.4°
8	64	50	57	.00	Clear	70	MEAN FOR THIS MONTH IN	
9	61	44	52	.00	Pt. Cldy	59	1905-63°	1906-66° 1907-64° 1908-65° 1909-62°
10	65	43	54	.00	Pt. Cldy	63	1910-64°	1911-63° 1912-63° 1913-61° 1914-63°
11	63	43	53	.00	Cloudy	35	Mean for this month.....	
12	68	43	56	.00	Pt. Cldy	71	Normal for this month.....	
13	70	43	56	.00	Clear	100	Absolute maximum for this month for 10	
14	72	43	58	.00	Clear	74	years.....	
15	78	44	61	.00	Clear	88	Absolute minimum for this month for 10	
16	81	47	64	.00	Clear	86	years.....	
17	84	48	66	.00	Clear	88	Average daily excess of this month as	
18	84	50	67	.00	Clear	78	compared with the normal.....	
19	75	56	66	.00	Clear	80	Accumulated deficiency (—) since Jan. 1	
20	84	53	68	.00	Pt. Cldy	91	Average daily deficiency (—) since Jan. 1	
21	91	61	76	.00	Clear	87	PRECIPITATION.	
22	92	58	75	.00	Clear	86	Total this month.....	
23	93	62	78	.00	Clear	63	Greatest precipitation in 24 hours 0.11,	
24	85	59	72	.05	Cloudy	43	date.....	
25	66	55	60	.06	Cloudy	18	Normal for this month.....	
26	60	46	53	.00	Clear	100	Deficiency (—) of this month as com-	
27	64	44	54	.00	Cloudy	23	pared with the normal.....	
28	56	37	46	.00	Pt. Cldy	38	Accumulated deficiency (—) since Jan. 1	
29	60	32	46	.00	Clear	70	TOTAL PRECIPITATION THIS MONTH IN	
30	66	50	58	.08	Cloudy	26	1905-3.43 1906-3.57 1907-11.56 1908-1.12 1909-3.83	
Mean	75	51	63	0.20		66	1910-3.41 1911-2.00 1912-2.14 1913-3.56 1914-0.20	
							WIND.	
							Prevailing direction.....	
							Total movement.....	
							Average hourly velocity.....	
							Maximum velocity (in five minutes) 25	
							miles per hour, from S. on 6th.	
							WEATHER.	
							Number of days, clear.....	
							Partly cloudy.....	
							Cloudy.....	
							On which .01 inch, or more, occurred..	
							MISCELLANEOUS PHENOMENA	
							(dates of).	
							Halos, solar.....	
							Halos, lunar.....	
							Thunderstorms.....	
							Fog.....	
							Frost: light, 9, 10, 12; heavy, 28; killing, 29	

NOTE.—“T” indicates trace of precipitation.

STANLEY S. SCHWORM,

Mean monthly relative humidity, 68 p. c.

Official, temporarily in charge.

OCTOBER, 1914

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

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DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	Estimated Population.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Fox.
Total for State,	1,197,266	2,661	88	1062	1,304	13.0	235	79	..
1 Ansonia,	16,140	41	4	19	17	12.6	10	1	..
2 Branford,	6,183	11	..	4	8	15.5	2	1	..
3 Bridgeport,	114,477	303	10	122	142	14.2	34	11	..
4 Bristol,	15,045	31	..	13	23	18.3	2	3	..
5 Danbury,	25,113	38	..	5	32	10.9	6	1	..
6 Derby,	9,415	30	1	16	8	8.9	3	1	..
7 East Hartford,	8,830	15	3	13	7	9.5	1	1	..
8 Enfield,	10,927	33	..	20	14	15.3	5	3	..
9 Fairfield,	6,792	9	..	2	4	7.0	..	..	..
10 Glastonbury,	5,010	10	..	2	3	7.1	..	..	..
11 Greenwich,	18,179	39	7	18	17	9.2	2	3	..
12 Groton,	6,708	11	..	6	1	1.7	..	..	..
13 Hamden,	6,339	17	..	2	6	11.3	1	..	..
14 Hartford,	106,541	294	13	129	114	10.1	12	6	..
15 Huntington,	6,934	18	1	1	6	10.3	1	..	..
16 Killingly,	6,456	6	..	15	11	20.4	1	1	..
17 Manchester,	14,857	38	..	25	9	7.2	2	..	..
18 Meriden,	33,414	84	3	13	34	9.3	4	3	..
19 Middletown,	22,054	35	5	21	26	10.7	6	2	..
20 Naugatuck,	13,594	33	1	13	12	10.5	1	3	..
21 New Britain,	50,201	155	5	41	46	10.7	14	5	..
22 New Haven,	143,836	303	5	134	152	12.0	26	6	..
23 New London,	20,503	51	3	21	19	10.5	5	1	..
24 New Milford,	5,092	11	..	1	2	4.6	..	..	..
25 Norwalk,	25,922	41	1	18	26	11.1	6	..	..
26 Norwich,	29,651	68	3	39	34	10.9	3	3	..
27 Orange,	12,982	12	..	5	7	6.4	1	1	..
28 Plainfield,	7,478	13	..	5	8	12.8	3	..	..
29 Plymouth,	5,898	11	..	4	4	8.1	..	..	..
30 Putnam,	7,253	13	..	13	6	8.2	1	1	..
31 Seymour,	5,284	21	2	2	6	13.6	1	..	..
32 Southington,	6,766	22	..	3	10	17.7	1	1	..
33 Stafford,	5,607	15	..	7	6	12.8	2	..	..
34 Stamford,	32,834	62	2	45	37	12.4	8	1	..
35 Stonington,	9,399	20	..	10	12	15.3	2	..	..
36 Stratford,	6,534	8	..	5	9	16.5	4	..	..
37 Torrington,	18,594	46	1	14	18	11.6	7	..	..
38 Vernon,	9,328	19	..	9	9	11.5	2	1	..
39 Wallingford,	12,016	24	1	11	8	7.9	1	..	..
40 Waterbury,	81,941	183	11	58	89	13.0	27	4	..
41 West Hartford,	5,456	3	..	4	7	15.3	2	2	..
42 Winchester,	9,045	14	2	9	11	13.2	1	1	..
43 Windham,	13,590	36	..	7	18	15.8	7	..	..
Total of above towns, ..	978,218	2,307	84	924	1,038	12.7	217	68	..
Towns of less than 5,000,	219,048	354	4	138	212	11.6	18	11	..
Deaths in State Inst's., ..	.....	.....	..	...	54	.....	...	...	..

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 6; in Dan-
in New Britain, 1; in New Haven, 8; in New London, 1; in Norwalk, 2; in Norwich, 7; in
the total mortality of their respective towns in estimating the death rates of those towns.

HEALTH FOR THE MONTH OF OCTOBER, 1914.

FOR SEPTEMBER, 1914.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhœa under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.	
3	3	4	3	..	20	8	2	6	1	81	108	24	94	16	88	90	753	
..	1	..	..	..	..	8	2	1	2	1	..	1	1	1
..	2	..	..	..	..	..	..	6	2
..	2	..	..	..	5	1	..	..	1	4	6	5	15	1	6	19	77	3
..	1	..	..	..	..	..	..	..	..	1	..	..	3	..	..	..	18	4
..	2	3	..	1	1	..	4	21	5
..	1	..	..	1	1	..	..	..	..	1	4	6
..	1	2	..	1	1	..	..	2	7
..	1	..	1	..	..	1	2	..	..	..	2	1	6	8
..	1	..	..	3	9
..	1	..	..	..	..	1	1	10
..	1	1	..	2	..	1	..	12	11
..	1	..	..	..	..	..	..	12
..	1	2	..	2	..	5	7	2	8	..	10	10	67	13
..	1	..	1	..	1	..	3	15
..	1	..	..	..	..	1	1	8	16
..	1	..	8	17
..	1	..	..	..	..	2	5	1	4	..	3	1	17	18
..	1	..	..	1	..	..	..	3	1	1	3	..	1	1	14	19
2	2	..	1	..	..	2	7	20
..	..	1	1	..	2	..	..	2	..	5	3	..	1	..	3	3	29	21
..	..	2	..	..	1	..	..	..	..	6	15	4	13	2	17	7	82	22
..	1	..	1	..	1	1	2	10	23
..	1	..	..	..	..	..	1	24
..	1	..	..	..	..	2	3	..	1	..	3	2	18	25
..	3	..	1	..	..	..	22	26
..	1	..	1	1	..	..	..	5	27
..	1	2	..	..	..	..	1	6	28
..	1	..	..	..	..	1	1	2	29
..	1	1	3	30
..	2	..	..	1	..	2	4	31
..	2	..	..	1	..	3	4	32
..	1	..	..	1	4	33
1	1	..	2	2	..	2	..	..	2	27	34
..	1	2	..	..	..	..	..	..	..	..	1	2	6	35
..	3	..	..	1	1	1	1	2	36
..	2	..	1	1	14	37
..	1	8	38
..	1	..	..	1	..	1	..	1	..	4	39
..	1	..	..	..	..	1	..	..	10	4	4	1	11	3	7	4	47	40
..	2	..	..	..	..	..	..	1	4	41
..	1	..	..	..	1	2	2	..	1	..	1	..	5	42
..	3	..	..	..	1	..	..	..	14	43
3	3	4	2	..	15	7	2	6	1	69	71	21	84	13	63	77	597	
..	1	..	5	1	..	..	..	12	8	3	10	3	25	13	131	
..	29	..	..	..	..	..	25	

bury, 9; in Derby, 1; in Greenwich, 3; in Hartford, 24; in Meriden, 8; in Middletown, 6; Putnam, 1; in Stamford, 3; and in Winchester, 1. Non-residents in these are deducted from

VITAL STATISTICS FOR OCTOBER, 1914.

By mortality reports received there were 1,304 deaths during the month of October. This was 193 less than in September and 65 more than in October of last year, and 16 less than the average number of deaths during October for the five years preceding:

	1914	1913	1912	1911	1910	1909
January	1,671	1,614	1,600	1,760	1,498	1,367
February	1,623	1,547	1,567	1,556	1,421	1,313
March	1,846	1,704	1,681	1,692	1,632	1,575
Total first quarter	5,140	4,865	4,848	5,008	4,551	4,255
April	1,648	1,507	1,428	1,679	1,505	1,508
May	1,508	1,425	1,406	1,435	1,421	1,332
June	1,231	1,408	1,213	1,175	1,266	1,214
Total second quarter	4,387	4,340	4,047	4,289	4,192	4,054
July	1,440	1,498	1,454	1,635	1,735	1,416
August	1,597	1,534	1,433	1,449	1,426	1,492
September	1,497	1,420	1,391	1,284	1,387	1,293
Total third quarter	4,534	4,452	4,278	4,368	4,548	4,201
October	1,304	1,239	1,397	1,345	1,381	1,237

The death rate expressed as an annual rate per 1,000 estimated population was 12.7 for the large towns, for the small towns 11.6 and for the whole state 13.0. The deaths from infectious diseases were 155, being 11.8 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

SMALL POX.—Danielson (borough), 1; Litchfield, 1.—Total, 2 in 2 towns.

MEASLES.—Ansonia, 10; Bridgeport, 1; Derby, 1; East Windsor, 6; Enfield, 4; Fairfield, 8; Hartford, 6; New Haven, 8; Orange, 1; Stamford (city), 1; Trumbull, 1; Wallingford, 1; Waterbury, 1; Westport, 13.—Total, 62 in 14 towns.

SCARLET FEVER.—Branford, 2; Bridgeport, 27; Colchester (borough), 1; Danbury (city), 1; Danielson (borough), 3; Darien, 2; Derby, 1; Hamden, 5; Hartford, 2; Manchester, 2; Meriden (city), 3; Naugatuck, 3; New Britain, 7; New Haven, 13; New London, 3; New Milford, 1; Norwalk (city), 1; Norwich (city), 9; Norwich (town), 1; Orange, 1; Plainfield, 3; Putnam, 28; Seymour, 2; South Windsor, 1; Stam-

ford, 1; Torrington, 4; Trumbull, 1; Waterbury, 1; Willimantic (city), 2.—Total, 131 in 29 towns.

CEREBRO-SPINAL FEVER.—Westport, '2.

INFANTILE PARALYSIS.—Killingworth, 1; Middletown (city), 1; Waterbury, 1.—Total, 3 in 3 towns.

DIPHTHERIA AND CROUP.—Ansonia, 5; Ashford, 2; Berlin, 3; Branford, 1; Bridgeport, 25; Bristol, 17; Chatham, 1; Cheshire, 1; Coventry, 2; Danbury (city), 1; Derby, 1; East Hartford, 2; East Windsor, 2; Enfield, 3; Essex, 3; Greenwich, 11; Groton (borough), 1; Haddam, 1; Hamden, 2; Hartford, 24; Lyme, 2; Madison, 3; Manchester, 1; Meriden (city), 9; Meriden (town), 7; Middlefield, 1; Middletown (city), 3; Middletown (town), 1; Montville, 1; Naugatuck, 7; New Britain, 30; New Canaan, 1; New Haven, 39; Newington, 1; New London, 12; New Milford, 1; North Haven, 4; Norwalk (city), 5; Norwich (city), 8; Norwich (town), 4; Orange, 12; Plainfield, 2; Putnam (city), 10; Putnam (town), 1; Ridgefield, 11; Rockville (city), 7; Salem, 1; Salisbury, 3; Seymour, 6; Shelton (borough), 6; Sprague, 1; Stafford Springs (borough), 1; Stamford (city), 1; Stonington, 8; Stratford, 8; Thompson, 1; Torrington, 3; Voluntown, 3; Wallingford, 5; Waterbury, 21; Wethersfield, 4; Willimantic (city), 2; Wilton, 1; Winsted (borough), 10.—Total, 376 in 64 towns.

WHOOPIING COUGH.—Bristol, 2; East Haddam, 3; Greenwich, 2; Hartford, 6; Middlebury, 2; Montville, 20; New London, 14; Seymour, 2; Simsbury, 50+; Southington, 2; Stamford (city), 6; Suffield, 3; Thomaston, 2; Waterbury, 5; West Hartford, 2.—Total, 121+ in 15 towns.

TYPHOID FEVER.—Bridgeport, 3; Bristol, 1; Chatham, 1; Columbia 1; East Hartford, 2; Ellington, 1; Glastonbury, 1; Greenwich, 2; Groton (town), 1; Groton (borough), 1; Hamden, 1; Hartford, 11; Manchester, 1; Meriden, 1; Middletown (city), 1; Milford, 1; Monroe, 1; Naugatuck, 1; New Britain, 2; New Fairfield, 2; New Haven, 15; New London, 1; Norfolk, 2; North Stonington, 1; Orange, 1; Plymouth, 2; Putnam (city), 1; Southington, 1; Stonington, 1; Stratford, 1; Suffield, 1; Thompson, 1; Torrington, 1; Waterbury, 5; Willimantic (city), 4; Wilton, 1; Windsor Locks, 1.—Total, 76 in 37 towns.

TUBERCULOSIS.—Ansonia, 2; Bridgeport, 10; Bristol, 2; Brookfield, 2; Canton, 2; Colchester (borough), 1; East Hartford, 3; Greenwich, 2; Groton (borough), 1; Hartford, 16; Huntington, 1; Manchester, 2; Meriden (city), 4; Meriden (town), 4; Middletown (city), 2; Middletown (town), 3; Montville, 1; Naugatuck, 1; New Britain, 3; New Canaan, 1; New Haven, 51; New London, 1; Norwalk (city), 1;

Norwich (city), 3; Plainfield, 1; Plymouth, 2; Rockville (city), 2; Shelton (borough), 1; Simsbury, 1; Southington, 1; Stamford (city), 2; Suffield, 1; Torrington, 2; Wallingford, 3; Washington, 1; Waterbury, 11; West Hartford, 1; Willimantic (city), 1; Willington, 1.—Total, 150 in 39 towns.

In addition to the above the Health Officers of 79 towns report that they have not been notified of any infectious diseases.

All the Health Officers of Fairfield, Middlesex and Tolland Counties have reported, but the Health Officers of the following towns have not reported:

Hartford County.—Windsor.

New Haven County.—Oxford.

New London County.—Ledyard, Preston.

Windham County.—Canterbury.

Litchfield County.—Watertown, Woodbury.

The following **DEATHS** from infectious diseases are reported by the **REGISTRARS** in towns of less than 5,000 population:

CEREBRO-SPINAL FEVER.—Westport, 1.

DIPHTHERIA AND CROUP.—Ashford, 2; Middlefield, 1; Wethersfield, 1; Wilton, 1.—Total, 5.

WHOOPIING COUGH.—Milford, 1.

TUBERCULOSIS.—Bethel, 1; Canton, 1; Farmington, 1; Simsbury, 1; Thompson, 2; Washington, 1; Westport, 1.—Total, 8.

The registrars of the following towns have made no report for October:—Bloomfield, Canaan, Essex, Kent, Madison, New Fairfield, Redding, Union and Waterford.—Total, 9.

Report of specimens examined at the Laboratory of the State Board of Health during the month of October, 1914:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis,	73	152		225
release,	37	83	10	130
school cases,	29	246		275
Typhoid,	27	43		70
Tuberculosis,	26	73		99
Malaria,	1	5		6
Rabies,	2	1		3
Glanders,	3	9		12
Syphilis,	24	63	5	92
Contagious Abortion,	1			1
Total specimens examined,				913

Samples of milk analyzed,	339
“ “ water examined,	60
Sewage and effluents examined,	6
Oil samples examined,	4

NOTICE TO HEALTH OFFICERS.

Health officers who have not already done so, are requested to return to us all packages of antitoxin upon which the guarantee date has expired, as this can be exchanged for fresh stock. The appropriation for this distribution has been expended and our present supply is limited to these exchange packages. An appeal to the Board of Control having been without result, the distribution must cease until the Legislature makes further appropriation.

STATISTICS FOR OCTOBER, 1914.

Most noteworthy in the October mortality is the reduced number of deaths from typhoid fever, there being only six as compared with twelve in October, 1913, and fifteen in October, 1912. The health officers' monthly reports show that there has been less typhoid than usual in the state during the past summer and fall. Cleaner surroundings, sanitary privies where these must be used, and the campaign against the house fly have contributed towards this result.

On the other hand there have been an unusual number of diphtheria cases reported, although no more deaths have occurred than in the corresponding months of the last two years. This increase in cases may be accounted for by the more frequent use of laboratory methods of diagnosis, whereby the milder cases are more readily detected; also, the free distribution of antitoxin has brought to light some cases that would not otherwise have been reported, while the distribution of antitoxin has no doubt helped to produce a low death rate. Prompt reporting is necessary for effective preventative work.

INFANTILE MORTALITY.

During the past few years there has been a considerable reduction in the general death rates with a corresponding increase in the average duration of human life. This has been largely brought about through the saving of life at the younger age periods and especially in infants under one year of age. Only eight years ago the infant mortality in Connecticut was 140 deaths under one year of age to every 1,000 living

births or one death in every seven births. This has gradually decreased so that during the present year the infant death rate will be about 105 deaths to every 1,000 births or one in every nine and one-half births. In other words, if the infant death rate of 1906 prevailed in 1914 there would have been 1,000 more infant deaths. One of the means by which this result has been accomplished is by infant welfare work, and in another column we publish an article by the physician in charge of this work in New Haven, giving an account of the welfare work done there.

THE FOOT AND MOUTH DISEASE.

Foot and Mouth disease has recently made its appearance in the United States. Starting in southern Michigan, it has spread over the country so that at the present writing fourteen states are under quarantine including the adjacent states of New York, Massachusetts and Rhode Island. The disease prevails in European countries, where it occasions great economic loss. In this country it has appeared previously on five different occasions:—in 1870, 1880, 1884, 1903 and 1908, and the infection in each instance was traced to imported cattle. Every outbreak in America has thus far been followed by its complete suppression through the application of well known preventive measures, such as isolation, destruction and burial of the affected herds, disinfection, and a systematic inspection of all farms in the infected area to detect cases of the disease.

Foot and Mouth disease is an acute infectious disease, primarily affecting cattle and secondarily man. Hogs, sheep, goats and other domestic animals may occasionally become infected. As the disease is highly contagious, it spreads with great rapidity either directly or by intermediary bearers. The causative agent of the disease has not yet been discovered but there is no doubt that it is of specific origin and one attack does not render permanent immunity. The period of incubation is variable, usually from two to six days or possibly longer. The onset in cattle is accompanied by fever, loss of appetite, rough coat and profuse salivation. The mucous membrane of the mouth is reddened and vesicles appear about the third to the fifth day. These vesicles gradually increase in size, become filled with viscid fluid and finally burst, forming erosions and ulcers. Often they extend over the outer part of the lip and into the nose. Simultaneously there is a swelling about the hoof with subsequent formation of vesicles and ulcers; these make the animal walk stiffly and there may be secondary infection of the feet with loss of the hoof. In cows the disease is also frequently seen about the udder and teats. In all cattle there is a great loss in weight owing to difficulty in feeding and swallowing. During the course of the disease and for a long time after recovery the milk flow is greatly diminished

and emaciation is pronounced. The mortality in ordinary outbreaks is from one to two per cent although sometimes it is much higher.

The disease in man is not uncommon and is transmitted through the ingestion of raw milk, butter and cheese from animals suffering with the disease. It may also be transmitted directly from the salivary secretions or other infected material which gains entrance through the mucous membrane of the mouth. Children are most frequently infected by drinking unboiled milk during the time in which the disease is prevalent in the neighborhood, while persons in charge of diseased animals may become infected through contact with the affected parts or by milking, slaughtering or caring for the animals. The disease is usually mild in man, and death practically never results except in weakened children and then from secondary complications. In any case of apthous disease the history should be carefully noted with special reference to the presence of Foot and Mouth disease in the neighborhood or at the source of butter and milk supply. The prevention of the disease consists in a cattle quarantine to keep it out of the country where it does not exist; in the elimination of the disease in cattle through isolation of the infected herds, destruction and burial of sick animals and disinfection; the disease in man may be avoided by care in the selection of the animals from which milk is taken and by pasteurization or boiling of the milk when Foot and Mouth disease is prevalent in a community.

THE INFANT WELFARE ASSOCIATION OF NEW HAVEN.*

By JOSEPH I. LINDE, M.D.

"A baby who comes into the world has less chance to live one week than an old man of ninety; and less chance to live a year than one of eighty," said Bergeron.

One-quarter of the deaths of children under one year of age are due to the so-called diarrhœal diseases, another quarter are due to wasting diseases and premature birth. Many thousands of babies die unnecessarily every year due to these causes, and the prevention of these unnecessary deaths, as well as the raising of infants to healthy man and womanhood, is the aim of the Infant Welfare Society.

Ignorance and filth are the causes of most of these deaths.

A few years ago the milk supply of the community was not of the best, but now, as the records show (the deaths from diarrhœal diseases in infancy being cut in half in the last ten years), due to the careful supervision of the milk supply by your Board of Health, this cause is eliminated.

The work of this society is accomplished in two ways: one, by dispensing pure milk and second, by the process of education, the idea being

* Read at the Board of Health Exhibit in New Haven, Oct. 28, 1914

to overcome the two greatest causes of unnecessary infant mortality mentioned above, ignorance and filth.

The furnishing of clean milk is not alone sufficient. The constant supervision of these babies and the education of the mothers, the fathers, and the whole family in the fundamental rules of hygiene and cleanliness, as well as careful prenatal supervision of the mother, the encouragement and the insistence of breast feeding wherever possible, are fully as important as pure milk. In fact, one of our most noted workers on the reduction of infant mortality has said "the solution is 20 per cent. pure milk and 80 per cent. training of the mothers," and Abraham Jacobi has said "By breast feeding you will save 100,000 babies that now die or become invalids from no other cause but unnatural feeding." Innumerable statistics show that breast-fed babies stand the battle many times better than artificially fed infants, but I will not bore you with the figures.

When the work was first started, pure milk already modified in the laboratory was sold at a nominal cost. But, to quote from the President of the Association, the system has grave faults.

"In the first place it is very expensive, and though this is perhaps an argument to struggle against if the method is otherwise perfect, it must be given serious consideration. Secondly, it has no educative value, and makes even the best mother absolutely dependent on the existence of the station; and thirdly, even more vital, it may become a center for the spread of the moral weakening that ensues when one is relieved of his natural responsibilities, among which the care of one's children ranks first. It was quite too easy for the average parent to send a little sister or brother with eight cents and receive the bottles of milk all prepared for the next twenty-four hours. The nurse took the responsibility; the nurse did the work; all the mother had to do was to provide the baby. So one by one the cities have changed their methods, and now we are putting the work on the mothers, where it belongs, but teaching and watching them, and sometimes in special need preparing it for them, and it has been really wonderful to see how they have responded to it. We did not make the change ourselves without most careful consideration, for it seemed almost inconceivable that the modification of milk and sterilizing of the utensils, which is at first alarming to the best trained of us, could be managed successfully by an Italian or Polish mother in a two or three-room tenement. But New York, Chicago, and Baltimore assured us of their success and we persevered."

The work is divided into four stations, The Lowell House, the New Haven Dispensary, St. Paul's Neighborhood House and the station at the Dixwell Avenue Congregational Church. A physician and nurse are assigned to each. Once a week conferences are held, when the babies are brought to be weighed, examined by the doctor in charge, if necessary, advice given and formulæ changed if required.

After a baby is admitted, its history is taken and it is weighed. A suitable formula, if it is to be fed artificially, is given. The mother is then taken to the laboratory and she is taught the preparation of the milk formula. Talks on flies, the importance of cleanliness and sterilization are given by the nurse in charge. The next day a nurse goes to the home and watches the mother and continues to go until the formula is mixed properly. Many times, for some reason, where it is impossible for the mother to prepare the milk, the father or a brother or a sister does the work very satisfactorily. Sick babies are visited daily, or as often as necessary, by the nurses and many treatments, such as may be ordered by the physician, are given.

The milk used is supplied at the Stations, the mothers coming in and buying the milk at cost. The supply is of the best that can be procured. In many cases the mothers prefer to have the milk delivered at their homes; the only obligation imposed is that they use a good quality of milk.

Literature in English, Yiddish, Italian and Polish, with information as regards care of the baby and the importance of cleanliness, are distributed. Postal cards addressed to the Society with the words "My baby is sick" are left at each home. Careful supervision, the most important factor of all in the reduction of infant mortality, is always carried out.

We have taken care of over 500 babies during the last summer, with sixteen deaths, most of those babies that died having been admitted critically ill. A good many of the 500 were suffering with diarrhoeal and other disorders when admitted.

The education of expectant mothers is also an important part of our work and we feel that a great many babies come into the world with a better chance for the battle.

Little mother's talks have been given by the nurses in the different summer schools, settlement houses, etc., and the audience is always a very much interested one.

In conclusion let me say that the Board of Health has coöperated with the Infant Welfare Organization wonderfully well. The summer work of the Board of Health's nurses in the tenement districts in instructing householders is a wonderful work. The nurses have found and cared for a great many cases that would have been neglected and this work is surely bound to help in the reduction of infant mortality, for through education, observation, and careful supervision a great many of these unnecessary deaths are prevented.

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., OCTOBER, 1914.

DATE.	TEMPERATURE			Precipitation, (In inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.					
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)					
							Mean.....	30.09;	highest..	30.58;	date 14	
							Lowest	29.63;	.....	date 26	
							TEMPERATURE.					
1	63	48	56	.00	Pt. Cldy	15	Highest..	82°;	date 3;	lowest....	26°;	
2	73	38	56	.00	Clear	80	Greatest daily range	41°;	.....	date 3	
3	82	41	62	.00	Clear	81	Least daily range...	6°;	.....	date 16	
4	79	46	62	.00	Pt. Cldy	52	Mean highest...	66.3°;	lowest....	46.6°		
5	79	56	68	.00	Pt. Cldy	33	MEAN FOR THIS MONTH IN					
6	65	51	58	.00	Cloudy	17	1904-49°	1905-53°	1906-53°	1907-49°	1908-55°	
7	59	50	54	.00	Cloudy	0	1909-51°	1910-55°	1911-52°	1912-56°	1913-57°	
8	78	53	66	.00	Cloudy	58	1914-56°					
9	75	53	64	.00	Pt. Cldy	51	Mean for this month.....	56.4°				
10	78	60	69	.00	Pt. Cldy	42	Normal for this month.....	51.2°				
11	81	63	72	.00	Pt. Cldy	25	Absolute maximum for this month for 11 years.....	90°				
12	73	56	64	.00	Clear	100	Absolute minimum for this month for 11 years.....	25°				
13	59	46	52	.00	Pt. Cldy	69	Average daily excess of this month as compared with the normal.....	5.2°				
14	60	38	49	T.	Pt. Cldy	47	Accumulated excess since Jan. 1.....	127.7°				
15	68	44	56	T.	Cloudy	5	Average daily excess since Jan. 1.....	0.4°				
16	66	60	63	2.05	Cloudy	0	PRECIPITATION.					
17	67	57	62	.45	Cloudy	3	Total this month.....	3.05				
18	70	49	60	.00	Pt. Cldy	47	Greatest precipitation in 24 hours 2.26,					
19	66	52	59	.43	Cloudy	29	date.....	16-17				
20	70	50	60	.00	Clear	100	Normal for this month.....	3.86				
21	79	48	64	.00	Clear	81	Deficiency (-) of this month as compared with the normal.....	0.81				
22	72	48	60	.00	Clear	88	Accumulated deficiency (-) since Jan. 1.....	9.85				
23	58	39	48	.00	Clear	100	TOTAL PRECIPITATION THIS MONTH IN					
24	58	44	51	.00	Cloudy	0	1904-2.23	1905-2.23	1906-5.51	1907-4.53	1908-1.67	
25	55	38	46	T.	Cloudy	12	1909-1.40	1910-0.77	1911-7.30	1912-1.26	1913-9.25	
26	62	44	53	.00	Pt. Cldy	58	1914-3.05					
27	44	28	36	T.	Pt. Cldy	61	WIND.					
28	51	26	38	.00	Clear	87	Prevailing direction.....	S.				
29	57	42	50	.09	Cloudy	27	Total movement.....	4,725 miles				
30	53	41	47	.03	Cloudy	23	Average hourly velocity.....	6.4				
31	54	37	46	.00	Clear	100	Maximum velocity (in five minutes) 27					
Mean	66	47	56	3.05		48	miles per hour, from N. W. on 30th.					
							WEATHER.					
							Number of days, clear.....	9				
							Partly cloudy.....	11				
							Cloudy.....	11				
							On which .01 inch, or more, occurred..	5				
							MISCELLANEOUS PHENOMENA					
							(dates of).					
							Halos, solar.....	24, 26				
							Halos, lunar.....	3, 4, 5				
							Thunderstorms.....	19				
							Fog.....	2, 3, 9, 18, 21				
							Total snowfall for the month.....	trace				

NOTE.—"T" indicates trace of precipitation.

WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 71 p. c.

WEATHER BUREAU.

NOVEMBER, 1914

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

STATE BOARD OF HEALTH

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DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	Estimated Population.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Pox.
Total for State,	1,197,266	2,532	83	1273	1,311	13.1	203	59	..
1 Ansonia,	16,140	41	1	19	11	8.1	4	1	..
2 Branford,	6,183	12	..	4	10	19.4	1	3	..
3 Bridgeport,	114,477	312	3	145	118	12.3	27	6	..
4 Bristol,	15,045	30	..	19	10	7.9	2	..	..
5 Danbury,	25,113	42	2	19	31	13.3	3	2	..
6 Derby,	9,415	28	3	14	6	5.0	..	1	..
7 East Hartford,	8,830	16	1	7	7	9.0	2	..	..
8 Enfield,	10,927	29	2	26	13	14.2	2	1	..
9 Fairfield,	6,792	19	1	7	6	10.6	2	..	..
10 Glastonbury,	5,010	8	..	7	5	11.9	..	..	..
11 Greenwich,	18,179	38	5	22	22	11.8	1	1	..
12 Groton,	6,708	10	1	3	8	14.3	..	..	..
13 Hamden,	6,339	18	..	2	9	17.0	4	..	..
14 Hartford,	106,541	278	7	155	134	11.8	14	6	..
15 Huntington,	6,934	15	..	3	6	10.3	1	..	..
16 Killingly,	6,456	12	..	6	9	16.7	1	2	..
17 Manchester,	14,857	32	..	23	11	8.8	2	2	..
18 Meriden,	33,414	60	4	48	31	10.7	7	..	..
19 Middletown,	22,054	44	2	16	31	14.7	4	1	..
20 Naugatuck,	13,594	21	1	10	9	7.9	3	..	..
21 New Britain,	50,201	168	6	54	54	12.1	19	1	..
22 New Haven,	143,836	336	15	155	170	12.6	23	8	..
23 New London,	20,503	51	1	38	21	12.2	6	..	..
24 New Milford,	5,092	7	..	7	1	2.3	..	..	..
25 Norwalk,	25,922	61	1	19	20	9.2	2	1	..
26 Norwich,	29,651	57	2	61	27	9.7	3	2	..
27 Orange,	12,982	19	1	12	8	7.3	..	..	..
28 Plainfield,	7,478	..	..	..	8	12.8	6	..	..
29 Plymouth,	5,898	12	..	7	3	6.1	..	..	..
30 Putnam,	7,253	13	..	17	8	13.2	..	1	..
31 Seymour,	5,284	19	1	4	10	22.7	1	..	..
32 Southington,	6,766	12	..	5	4	7.0	..	..	..
33 Stafford,	5,607	14	..	7	4	8.5	1	..	..
34 Stamford,	32,834	62	3	37	35	10.9	3	1	..
35 Stonington,	9,399	13	..	9	5	6.3	2	1	..
36 Stratford,	6,534	6	..	2	9	16.5	2	..	..
37 Torrington,	18,594	34	1	11	13	8.3	1	1	..
38 Vernon,	9,328	13	1	10	9	11.5	3	1	..
39 Wallingford,	12,016	21	..	12	13	12.9	3	..	..
40 Waterbury,	81,941	157	4	46	90	11.5	17	5	..
41 West Hartford,	5,456	4	..	5	9	19.7	1	..	..
42 Winchester,	9,045	23	3	7	9	7.9	..	..	..
43 Windham,	13,590	24	..	13	13	10.5	..	1	..
Total of above towns, ..	978,218	2,191	72	1093	1,030	12.6	174	49	..
Towns of less than 5,000,	219,048	341	11	180	226	12.3	29	10	..
Deaths in State Inst's., ..	.....	.....	..	..	55	.....	.....	.....	.....

The Mortality of non-residents in Hospitals of the State was: in Danbury, 3; in Derby, 2; New Haven, 18; in Norwich, 3; in Stamford, 5; in Waterbury, 11; in Winchester, 3; and respective towns in estimating the death rates of those towns.

HEALTH FOR THE MONTH OF NOVEMBER, 1914.

FOR OCTOBER, 1914.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.	
2	5	3	..	..	23	5	4	9	..	39	121	19	115	18	90	86	772	
..	1	..	..	..	..	1	..	..	..	..	..	..	9	1
..	1	..	..	1	1	..	2	5	2
..	3	1	..	..	2	..	..	..	..	6	14	2	14	1	6	7	62	3
..	1	1	..	3	..	..	1	5	4
..	2	..	1	..	..	1	3	1	2	2	1	1	18	5
..	2	..	..	..	..	..	4	6
..	1	1	..	..	..	1	..	5	7
..	1	..	..	..	..	1	..	..	..	..	1	1	9	8
..	1	..	..	..	..	1	4	9
..	1	..	..	..	..	1	3	10
..	1	1	3	..	2	..	15	11
..	1	..	1	..	..	1	5	12
..	2	..	..	..	..	..	..	..	1	..	..	..	6	13
..	3	..	..	5	..	3	12	3	10	1	11	10	76	14
..	2	..	1	..	..	3	15
..	1	..	1	..	1	6	16
..	1	..	..	1	1	..	..	1	..	2	..	6	17
..	3	4	..	1	..	2	3	17	18
..	1	..	..	..	..	..	4	..	1	1	1	4	19	19
..	1	..	..	..	..	..	1	..	1	..	..	..	6	20
..	1	..	..	..	1	1	1	..	..	4	1	..	4	2	2	8	29	21
1	3	..	1	1	..	6	14	1	17	1	18	7	100	22
..	18	..	..	..	..	1	..	2	..	..	..	18	23
..	1	24
..	1	..	..	..	..	1	..	2	1	15	25
..	2	..	2	2	21	26	
..	1	..	..	..	..	..	..	..	1	..	..	..	6	27
..	1	..	1	..	1	..	5	28
..	1	..	..	..	..	..	2	29
..	1	..	..	..	..	..	..	..	1	..	1	..	6	30
..	2	7	31
..	4	32
..	..	1	..	..	..	..	..	..	..	..	1	1	3	..	4	2	23	34
..	5	35
..	1	..	..	..	..	1	..	1	..	2	..	4	36
..	1	..	..	..	..	..	1	..	..	1	2	1	7	37
..	1	..	..	..	..	..	..	1	..	..	2	6	38
..	1	..	2	4	6	39
..	2	..	1	..	..	6	6	2	9	2	6	3	53	40
..	3	..	1	..	5	41
..	2	..	1	..	6	42
..	1	2	1	..	1	8	43
1	4	2	..	..	22	4	4	8	..	33	72	13	92	13	73	66	623	
1	1	1	..	..	1	1	..	1	..	6	15	6	23	5	16	19	130	
..	34	..	..	..	1	1	19	

in Greenwich, 4; in Hartford, 29; in Meriden, 1; in Middletown, 4; in New Britain, 3; in Windham, 1. Non-residents in these towns are deducted from the total mortality of their

VITAL STATISTICS FOR NOVEMBER, 1914.

By mortality reports received there were 1,311 deaths during the month of November. This was 12 less than in October and 36 more than in November of last year, and 62 more than the average number of deaths during November for the five years preceding:

	1914	1913	1912	1911	1910	1909
January	1,671	1,614	1,600	1,760	1,498	1,367
February	1,623	1,547	1,567	1,556	1,421	1,313
March	1,845	1,704	1,681	1,692	1,632	1,575
Total first quarter	5,139	4,865	4,848	5,008	4,551	4,255
April	1,650	1,507	1,428	1,679	1,505	1,508
May	1,508	1,425	1,406	1,435	1,421	1,332
June	1,234	1,408	1,213	1,175	1,266	1,214
Total second quarter	4,392	4,340	4,047	4,289	4,192	4,054
July	1,439	1,498	1,454	1,635	1,735	1,416
August	1,597	1,534	1,433	1,449	1,426	1,492
September	1,497	1,420	1,391	1,284	1,387	1,293
Total third quarter	4,533	4,452	4,278	4,368	4,548	4,201
October	1,323	1,239	1,397	1,345	1,381	1,237
November	1,311	1,275	1,256	1,196	1,252	1,266

The death rate expressed as an annual rate per 1,000 estimated population was 12.6 for the large towns, for the small towns 12.3 and for the whole state including state institutions 13.1. The deaths from infectious diseases were 169, being 12.8 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

MEASLES.—Ansonia, 17; Branford, 20+; Bridgeport, 5; Derby, 20; East Haddam, 1; East Haven, 1; East Windsor, 12; Enfield, 52; Fairfield, 15; Greenwich, 1; Guilford, 1; Hartford, 6; Milford, 2; New Britain, 2; New Haven, 27; Orange, 13; Plainville, 1; Plymouth, 2; Thomaston, 1; Waterbury, 2; Westport, 63.—Total, 264+ in 21 towns.

SCARLET FEVER.—Branford, 5; Bridgeport, 25; Bristol, 1; Danbury, (city), 5; Danielson (borough), 1; Derby, 1; Enfield, 7; Greenwich, 2; Hamden, 4; Hartford, 8; Killingly, 1; Manchester, 1; Meriden (city), 3; Meriden (town), 2; Naugatuck, 1; New Britain, 1; New Haven, 18; New London, 8; Norwalk (city), 3; Norwich (city), 4; Norwich (town), 3; Orange, 4; Plainfield, 4; Putnam, 14; Redding, 20; Salisbury, 1; Seymour, 1; Shelton (borough), 1; Stamford (city),

6; Stonington, 1; Thompson, 1; Torrington, 4; Wallingford, 1; Waterbury, 1; Waterford, 2; West Hartford, 1; Woodstock, 1.—Total, 157 in 37 towns.

DIPHTHERIA AND CROUP.—Ansonia, 7; Ashford, 2; Berlin, 1; Bridgeport, 27; Bristol, 12; Canton, 3; Danbury (city), 3; Derby, 2; Ellington, 1; Enfield, 6; Greenwich, 7; Hamden, 12; Hartford, 39; Huntington, 2; Killingly, 5; Mansfield, 2; Meriden (city), 4; Middletown (city), 4; Naugatuck, 4; New Britain, 11; New Haven, 50; New London, 12; North Branford, 1; Norwalk (city), 11; Orange, 6; Plainfield, 1; Portland, 1; Putnam (city), 4; Putnam (town), 1; Ridgefield, 3; Seymour, 8; Shelton (borough), 7; Stafford Springs (borough), 2; Stamford (city), 4; Stonington, 3; Stratford, 2; Thompson, 4; Tolland, 1; Torrington, 5; Wallingford, 6; Waterbury, 22; Westport, 1; Wethersfield, 2; Windham, 1; Windsor, 3; Winsted (borough), 12.—Total, 327 in 46 towns.

WHOOPING COUGH.—Brooklyn, "prevalent"; Coventry, 6+; East Hartford, 1; Franklin, 2; Granby, 1; Hampton, 1; Hartford, 8; Killingly, 6; Litchfield, 15+; Mansfield, 2; Montville, 6; New Britain, 4; New Canaan, 4; New London, 25; Plainfield, "epidemic"; Simsbury, 20+; Stamford (city), 5; Stratford, 11; Suffield, 20; Thomaston, 2; Willimantic (city), 3.—Total, 142+ in 21 towns.

TYPHOID FEVER.—Ansonia, 1; Avon, 1; Bridgeport, 5; Bristol, 1; Canton, 1; Colchester (borough), 2; Danbury (city), 1; Darien, 1; East Hartford, 1; East Lyme, 1; Enfield, 1; Greenwich, 2; Groton (borough), 2; Hamden, 3; Hartford, 57; Manchester, 1; Meriden (town), 1; Middletown (city), 1; Middletown (town), 1; New Britain, 3; New Haven, 6; New London, 1; New Milford, 1; Newtown, 1; Norwich (city), 2; Orange, 1; Plymouth, 1; Simsbury, 3; Southbury, 1; Thompson, 1; Waterbury, 6; West Hartford, 1; Wethersfield, 2; Willimantic (city), 1; Wilton, 3; Windsor, 2; Winsted (borough), 1.—Total, 121 in 37 towns.

TUBERCULOSIS.—Ansonia, 2; Bridgeport, 14; Bristol, 2; Brookfield, 2; Brooklyn, 2; Canterbury, 1; Cheshire, 1; Danbury (city), 2; Enfield, 1; Fairfield, 1; Greenwich, 3; Hartford, 15; Manchester, 1; Meriden (city), 2; Meriden (town), 2; Middletown (city), 1; Middletown (town), 5; Milford, 1; Montville, 1; Naugatuck, 3; New Britain, 5; New Canaan, 1; New Haven, 37; New London, 3; Norwich (city), 1; Plainfield, 1; Plymouth, 1; Ridgefield, 1; Roxbury, 1; Southington, 1; Stafford Springs (borough), 1; Stamford (city), 3; Stratford, 1; Suffield, 1; Torrington, 1; Wallingford, 3; Waterbury, 6; Watertown, 1; Willimantic (city), 1.—Total, 132 in 40 towns.

In addition to the above the Health Officers of 84 towns report that they have not been notified of any infectious diseases.

All the Health Officers of Hartford, New Haven, Fairfield, Windham and Tolland Counties have reported, but the Health Officers of the following towns have not reported:

New London County.—Lyme.

Litchfield County.—Barkhamsted, Goshen, Kent.

Middlesex County.—Haddam.

The following DEATHS from infectious diseases are reported by the REGISTRARS in towns of less than 5,000 population:

MEASLES.—Trumbull, 1.

SCARLET FEVER.—South Windsor, 1.

DIPHTHERIA AND CROUP.—Ashford, 1.

WHOOPING COUGH.—Simsbury, 1.

TYPHOID FEVER.—Colchester, 1.

TUBERCULOSIS.—Brooklyn, 1; Burlington, 1; Canaan, 1; Canterbury, 1; Chaplin, 1; Easton, 1; Granby, 1; Litchfield, 1; Redding, 1; Ridgefield, 1; Salisbury, 1; Watertown, 1; Windsor, 2; Woodbury, 1.—Total, 15.

The registrars of the following towns have made no report for November:—Cornwall, Ellington, Franklin, Hartland, Kent, Lyme, Montville, Sherman and Voluntown.—Total, 9.

Report of specimens examined at the Laboratory of the State Board of Health during the month of November, 1914:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis,	76	172	3	251
release,	83	150	7	240
school cases,	120	919		1039
Typhoid,	23	36	4	63
Tuberculosis,	21	59		80
Malaria,	1	3		4
Syphilis,	15	57	4	76
Glanders,	4	8	1	13
Rabies,	3			3
Contagious Abortion,	5	1		6
Total specimens examined,				1775
Samples of milk analyzed,				203
" " water examined,				39
Sewage and effluents examined,				2
Oil samples examined,				4

VENTILATION.

Pure air is as necessary to maintain the health of the body as is pure food or pure water. We may not know the exact principle by which the tonic effect of pure air is obtained, but we do know the benefits which follow living and sleeping out of doors, and the excellent results obtained in open air schools. One of the most gratifying features of the campaign for better ventilation has been the decrease in the impure air diseases, pneumonia, consumption and bronchitis. The practice of ventilation is becoming more general, but there is still room for improvement. Those who are occupying hot, stuffy living and working quarters run great risk of contracting lung diseases, and should know that an abundant supply of pure fresh air is the most powerful agent for the prevention of these diseases. When the weather is cold we should keep our bodies warm by clothing them properly and not by shutting out the pure fresh air.

One of the crying needs of the present day is better ventilation for our steam and trolley cars. No perfect system for the ventilation of these cars appears to have been yet devised, but conditions could be greatly improved by more attention to the ventilators now in use. Some of the interurban trolleys are particularly bad in this respect and conductors could to advantage be instructed to pay some attention to the ventilation of their cars. We know that on crowded cars their time is fully occupied in taking fares and letting passengers off at the proper corner, but this matter would take but a few minutes. The practice of having passengers enter by the rear door and leave by the front door aids to keep up a better circulation of air than when only one door is used. Passengers also should learn not to object to a little draft, and should remember that this draft will not injure them as much as breathing over and over again the stale air already used by fifty or sixty other people.

BACILLUS CARRIERS.

In about four per cent of all cases of typhoid fever, the patient continues after convalescence to shed typhoid bacilli in the urine or fæces, and cases have been cited where the specific bacilli were isolated from the gall bladder seventeen and even twenty years after recovery. Apparently healthy people are found, who have never had typhoid fever, but yet are the carriers of bacilli, which are given off from time to time to infect susceptible persons. In the present issue of the BULLETIN there is a report of an outbreak of typhoid fever in Hartford due to this cause. This report suggest two things that health officers should bear in mind in handling typhoid fever cases. First, the possibility of a typhoid carrier being responsible for the outbreak, especially in localities where the disease appears to be endemic, and secondly, that no

person after recovery from typhoid be allowed to work on a dairy farm or handle any food products to be used by others until it has been demonstrated bacteriologically that such person is not a bacillus carrier.

REPORT OF AN OUTBREAK OF TYPHOID FEVER IN HARTFORD DUE TO A BACILLUS CARRIER.

By DR. C. P. BOTSFORD, *Health Officer.*

During the first two weeks in September a group of twelve cases of typhoid appeared on the route of one of the milkmen supplying Hartford. All the people handling milk on the farm at that time were examined, and found to be free from infection, and it was thought probable that the milk was not responsible for the infection, as it was positively stated by the owner that no one else on the farm had anything to do with its production.

In the first three weeks of November 34 cases of typhoid appeared on the route of another milkman. Investigation of the farm showed that there had been employed as a milker, for four weeks previously, a man who had typhoid in November, 1913. It was also found that this man had been employed by the first milkman from June 15th to August 15th, 1914, as a gardener, and that during the latter part of this time, without the owner's knowledge, he had helped about the milking.

The appearance of typhoid on two milk routes on which this man worked pointed strongly toward his being the infecting agent. Material from his discharges was taken to the Laboratory of the Board of Health, and cultures made by Dr. Arthur J. Wolff, the Director of the Laboratory. A careful examination left no doubt that although this man had his typhoid a year ago, his bowel discharges are still full of typhoid bacilli.

We have therefore had forty-six cases of typhoid caused by this one man, who is not sick himself, and who has been inclined to resent the idea that he was in any way responsible. He has now entered the hospital, and an attempt will be made to get rid of the bacilli.

THE PASTEURIZATION OF MILK.

The pasteurization of milk consists of heating it for a short time at a temperature below the boiling point, followed by rapid cooling. This has for its object the destruction of bacteria. Milk heated to 145° F. and held at that temperature for twenty minutes will kill the germs of typhoid fever, tuberculosis, scarlet fever, diphtheria and practically all the disease-producing organisms common to man. Heating milk to this temperature does not alter its taste, odor or digestibility and does not interfere with its food value. Pasteurization, however, does not atone

for filth and should not be used as a substitute for inspection. It is best done at some central station under scientific and official surveillance.

A simple though not accurate method for use in the home is to place a quart bottle of milk in a pail filled with boiling water and set aside to cool. The result is that the milk is warmed to about the proper temperature by the time the water is cooled to the same temperature. After standing half an hour the bottle of milk is taken out, cooled rapidly and placed on ice. It should be kept covered at all times and the milk used within twenty-four hours.

DO YOU WANT A HANDSOME DIPLOMA?

Just now there is being sent through the mails an interesting advertising pamphlet extolling the virtues of chiropractic. This marvellous science (?) is taught by correspondence and according to the announcement can be learned by a person with an ordinary school education in about eight months. Some students complete the work in four months.

Among the inducements held out to the prospective student is "A Beautiful Diploma, Handsomely Lithographed, 22 by 70 inches in Size, given FREE, with name written in as desired, to each student on graduation. It is prepossessing in appearance and will add to the professional appearance of any office." The prospective student is also told that the practice of chiropractic undoubtedly "pays better from the very start than any other profession, business or trade. It does not require the long time needed for the acquirement of skilled trades, or other learned (!) professions. It does not require the expense of the years of education needed in other lines. You may study it while working at other occupations and you may even support yourself by practicing among friends while you are finishing your studies before graduation."

The following paragraph will undoubtedly attract a lot of students: "You do not need a college education to render yourself fit to study chiropractic. A common-school education is all that is required—'Common sense' is the principal thing after all and is far better than the superficial veneer which is about all that many of the college graduates seem to have brought home with them."

We wonder how many intelligent people would trust themselves to healers (!) of this type?—*Bulletin, Department of Health, New York City.*

THE DUCK AS A PREVENTIVE AGAINST MALARIA AND YELLOW FEVER.

The duck enters a new field of usefulness: namely, that of destroying mosquito larvæ, and consequently acts as an eradicator of mosquito-

carried diseases. Samuel G. Dixon, M.D., LL.D., in the October 3 number of the *Journal of the American Medical Association* described experiments which he conducted to demonstrate this fact. For this purpose he employed Mallard ducks and his reports testify as to their ability in this field of public health service.

After unsuccessful attempts in which fish were employed to destroy the larvæ, the stream where the experiments were being carried on was divided into two parts. Each portion covered an area of about 1,400 square feet. The conditions created were ideal for mosquito breeding. One pond was protected from the birds and was stocked with gold fish. The other pond was the feeding ground of the fowl for months. Mosquitoes flourished in the protected pond, while the unprotected one was entirely free from the insects.

Ducks were now introduced into the protected area. At first the varied food in the form of tadpoles tempted them; but inside of twenty-four hours they had rid the pond of pupæ; and in forty-eight hours only a few small larvæ remained. The author states that numbers of larvæ must have been drowned, due to the commotion of the water produced by the birds. Doctor Dixon says, "For some years I have been using ducks to keep down mosquitoes in swamps that would have been difficult and expensive to drain, but I never fully appreciated the high degree of efficiency of the duck as a destroyer of mosquito life until the foregoing test was made."

As further proof of his belief and work Doctor Dixon points to the work of Howard, Dyar, and Knab, "Mosquitoes of North and Central America," advancing the theory that ducks destroy mosquito larvæ. Mr. William Lockwood, of Boston, an artist, expresses the same idea; while Mr. McAtee of the *Biological Survey* voices the same opinion.—*Public Health Notes*.

SAFETY AND SANITATION MAXIMS AND OBSERVATIONS.

E. R. Hayhurst, in the *Monthly Bulletin of the Ohio State Board of Health*, presents the following drawn from speeches made at the recent Safety and Sanitation Conference held in New York City:

German unions penalize their own members for failing to observe health regulations within workshops.

Varnish works of Germany have been rendered practically free of odors by exhaust ventilation systems.

Children under 14 years of age cannot be taught ideas of foresight-to-be-remembered: therefore they are intellectually irresponsible. Many of our ignorant foreign workmen are beneath the 14-year-old child in power of foresight.

Bad ventilation, heat, fatigue and night work lead to drowsiness, to accidents and to disasters to health.

Fourteen nations of Europe do not allow night work of any kind for women, and limit the kind and hours of day work.

Sanitary measures lead to efficiency, economy and contentment, as well as greater production and more wages.

The representatives of two of the largest lead and paint corporations in America stated that they had been able to make some of their plants so mechanically perfect as to be fool-proof against dangers of lead poisoning.

First aid in the Carnegie Steel Company's plants has reduced infections from 50 per cent to 0.1 per cent.

It is five times as much to the interest of the employer as to that of the employee to promote welfare work.

There are 400,000 maimed and debilitated workers in the United States. In New York a special trade school and employment bureau has been started on account of this. In Boston, one company, employing 1,000 men, does not discharge its defectives, but fits the job to the man. They have noticed that heart diseases have not only been checked, but markedly improved within a few months' time. Through a well-regulated "first-aid" system this company has had no infections for two and one-half years.

The Carnegie Steel Co., by first-aid measures, has handled 8,000 cases of foreign particles in the eyes, with no infections.

The representative of a company employing 20,000 men said: "We use the physician to get to all of our people. We have found out that workmen will listen to advice and counsel from physicians even on industrial questions without the ever-present suspicion of some ulterior motive."

Mr. George B. Cortelyou, president of the Consolidated Gas Co., New York, stated that to the employee is due proper remuneration, good sanitation, relief when sick or injured, insurance for old age, and a guarantee of protection to his family after death. There must be no charity about this. The self-respect of both capital and labor must be maintained. This is necessary for future competition in business.

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., NOVEMBER, 1914.

DATE.	TEMPERATURE			Precipitation. (In inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.				
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)				
1	70	41	56	.00	Clear	88	Mean.....	30.07	highest..	30.76	date 29
2	64	44	54	.13	Cloudy	35	Lowest	29.49	.....	date 16	
3	58	40	49	.00	Clear	87	TEMPERATURE.				
4	72	48	60	.00	Pt. Cldy	60	Highest..	72°	date 4	lowest.....	20°
5	56	43	50	T.	Pt. Cldy	61	Greatest daily range	29°	.....	date 1	
6	48	41	44	.00	Pt. Cldy	44	Least daily range...	7°	.....	date 9	
7	50	38	44	.01	Pt. Cldy	55	Mean highest.....	49	3°	lowest.....	32.8°
8	55	37	46	.23	Cloudy	12	MEAN FOR THIS MONTH IN				
9	39	32	36	T.	Cloudy	34	1904-37°	1905-40°	1906-41°	1907-42°	1908-41°
10	40	26	33	.00	Clear	100	1909-45°	1910-39°	1911-40°	1912-44°	1913-44°
11	53	31	42	T.	Pt. Cldy	44	1914-41°				
12	50	35	42	.00	Clear	89	Mean for this month.....				41.0°
13	61	33	47	.00	Pt. Cldy	53	Normal for this month.....				39.5°
14	50	34	42	.00	Pt. Cldy	72	Absolute maximum for this month for 11 years.....				74°
15	61	32	46	.86	Cloudy	0	Absolute minimum for this month for 11 years.....				14°
16	62	37	50	.36	Cloudy	0	Average daily excess of this month as compared with the normal				1.5°
17	38	28	33	.00	Pt. Cldy	71	Accumulated excess since Jan. 1				173.0°
18	33	23	28	.00	Pt. Cldy	62	Average daily excess since Jan. 1				0.5°
19	35	27	31	.70	Cloudy	0	PRECIPITATION.				
20	38	28	33	.09	Cloudy	9	Total this month.....				2.38
21	34	24	29	.00	Pt. Cldy	84	Greatest precipitation in 24 hours 1.21, date.....				15-16
22	40	25	32	T.	Cloudy	34	Normal for this month.....				3.82
23	33	20	26	T.	Clear	90	Deficiency (-) of this month as compared with the normal				1.44
24	36	21	28	.00	Clear	100	Accumulated deficiency (-) since Jan. 1				11.29
25	49	32	40	.00	Pt. Cldy	65	TOTAL PRECIPITATION THIS MONTH IN				
26	57	42	50	.00	Pt. Cldy	68	1904-1.52	1905-1.77	1906-2.90	1907-4.74	1908-0.92
27	60	35	48	.00	Cloudy	40	1909-2.01	1910-4.36	1911-4.18	1912-3.53	1913-2.12
28	43	28	36	.00	Clear	96	1914-2.38				
29	50	26	38	.00	Clear	89	WIND.				
30	43	32	38	T.	Cloudy	1	Prevailing direction				S. W.
Mean	49	33	41	2.38		55	Total movement.....				6,273 miles
							Average hourly velocity				8.7
							Maximum velocity (in five minutes) 46 miles per hour, from S.W. on 13th.				
							WEATHER.				
							Number of days, clear.....				8
							Partly cloudy.....				12
							Cloudy				10
							On which or inch, or more, occurred..				7
							MISCELLANEOUS PHENOMENA				
							(dates of).				
							Halos, solar.....				none
							Halos, lunar.....				1, 24, 30
							Thunderstorms.....				8
							Fog				30
							Total snowfall for the month.....				4.5 in.

NOTE.—"T" indicates trace of precipitation.

WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 67 p. c.

WEATHER BUREAU.

DECEMBER, 1914

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

STATE BOARD OF HEALTH

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DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	Estimated Population.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Pox.
Total for State,	1,197,266	2,568	79	1093	1,449	14.5	225	88	..
1 Ansonia,	16,140	43	1	15	8	5.9	...	4	..
2 Branford,	6,183	10	..	5	7	13.5	1	1	..
3 Bridgeport,	114,477	342	11	121	128	12.9	24	11	..
4 Bristol,	15,045	31	..	15	12	9.5	2	1	..
5 Danbury,	25,113	33	1	23	23	10.9	4	...	..
6 Derby,	9,415	23	..	11	16	16.5	2	1	..
7 East Hartford,	8,830	14	1	5	4	5.4	1	...	..
8 Enfield,	10,927	40	..	23	13	14.2	3	3	..
9 Fairfield,	6,792	9	1	4	9	15.9	1	...	..
10 Glastonbury,	5,010	8	..	10	7	16.7	1	...	..
11 Greenwich,	18,179	49	1	23	26	16.5	5	...	..
12 Groton,	6,708	10	..	4	5	8.9	...	...	..
13 Hamden,	6,339	19	..	2	5	9.4	1	2	..
14 Hartford,	106,541	241	10	109	164	14.8	36	8	..
15 Huntington,	6,934	17	..	3	7	12.1	1	1	..
16 Killingly,	6,456	9	..	9	11	20.4	2	...	..
17 Manchester,	14,857	27	2	18	18	14.5	1	1	..
18 Meriden,	33,414	58	1	25	35	11.4	6	3	..
19 Middletown,	22,054	44	1	22	14	7.0	2	2	..
20 Naugatuck,	13,594	29	..	18	13	11.4	3	...	..
21 New Britain,	50,201	150	2	39	41	9.8	13	4	..
22 New Haven,	143,836	342	15	142	215	16.6	27	22	..
23 New London,	20,503	62	..	22	26	12.8	7	...	..
24 New Milford,	5,092	7	..	6	4	9.4	...	...	..
25 Norwalk,	25,922	52	1	28	19	8.7	...	1	..
26 Norwich,	29,651	66	3	30	39	15.3	7	3	..
27 Orange,	12,982	25	..	7	7	6.4	1	...	..
28 Plainfield,	7,478	18	1	5	7	11.2	1	...	..
29 Plymouth,	5,898	13	..	3	6	12.2	1	...	..
30 Putnam,	7,253	13	..	15	16	21.5	...	1	..
31 Seymour,	5,284	17	..	3	5	11.3	...	...	..
32 Southington,	6,766	12	..	7	9	15.9	1	1	..
33 Stafford,	5,607	13	..	2	12	25.6	2	...	..
34 Stamford,	32,834	61	3	33	38	13.1	7	...	..
35 Stonington,	9,399	17	..	4	13	16.5	2	...	..
36 Stratford,	6,534	19	1	5	2	3.6	1	...	..
37 Torrington,	18,594	28	..	9	14	9.0	3	1	..
38 Vernon,	9,328	16	1	7	11	14.1	...	...	..
39 Wallingford,	12,016	26	..	5	12	11.1	3	...	..
40 Waterbury,	81,941	188	6	87	96	13.4	19	9	..
41 West Hartford,	5,456	6	..	2	9	19.7	3	...	..
42 Winchester,	9,045	17	1	8	12	15.9	1	...	..
43 Windham,	13,590	26	4	11	15	10.7	1	3	..
Total of above towns, ..	978,218	2,250	68	945	1,153	14.1	196	83	..
Towns of less than 5,000,	219,048	318	11	148	236	12.9	29	5	..
Deaths in State Inst's., ..	.....	.....	..	...	60	....	...	...	..

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 4; in Derby, in New London, 4; in Norwich, 1; in Putnam, 3; in Stamford, 2; in Waterbury, 4; and in
spective towns in estimating the death rates of those towns.

HEALTH FOR THE MONTH OF DECEMBER, 1914.

FOR NOVEMBER, 1914.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.
10	5	11	1	..	30	9	3	13	..	25	126	15	178	36	77	70	840
..	1	..	1	..	..	..	1	..	1	1	..	1	2
..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	5
..	2	..	..	..	5	..	1	2	..	2	9	..	19	2	8	10	68
..	..	1	..	..	1	..	..	..	..	..	1	..	2	2	..	..	5
..	1	..	..	..	..	..	..	..	1	2	..	..	1	2	16
2	1	1	..	..	1	2	1	8
..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
..	1	..	..	..	..	1	..	..	5	..	1	..	5
..	1	..	1	..	..	1	..	6
..	2	..	..	..	..	1	3
..	1	3	..	1	2	2	1	16
..	1	2	2
..	1	4
..	1	..	..	5	..	4	6	3	33	4	8	7	93
..	7
..	1	..	..	..	10
..	1	..	..	..	1	..	..	..	..	..	3	..	1	2	..	1	10
..	..	1	..	..	..	1	..	..	..	..	2	..	6	..	1	1	22
..	1	..	..	1	..	..	1	..	..	..	1	4	6
..	2	1	..	3	..	1	..	6
..	..	1	..	..	..	2	..	..	..	3	4	..	7	..	2	3	19
7	6	2	1	2	..	3	12	2	36	6	13	17	108
..	3	1	..	1	..	2	19
..	2	1	1	..	24
..	2	..	..	1	..	..	1	..	1	1	2	..	11
..	1	..	..	..	1	..	..	..	..	2	..	..	1	..	3	..	31
..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	5
..	1	..	..	2	..	1	..	3
..	3	..	..	..	3
..	..	1	..	..	1	..	..	..	..	..	..	..	1	..	2	..	11
..	1	..	..	..	..	..	1	..	1	..	..	..	3
..	1	..	7
..	1	..	..	..	..	..	..	..	4	..	3	..	26
..	1	..	1	..	..	2	..	1	..	..	..	8
..	2
..	..	1	..	..	..	..	..	..	..	..	1	..	1	..	..	1	10
..	11
1	1	..	2	1	7
..	3	1	..	1	..	1	10	3	10	3	2	5	57
..	2	..	1	..	..	1	6
..	2	..	..	4	..	..	1	5
..	2	..	..	2	1	1	1	8
10	5	7	1	..	26	7	3	13	..	25	71	13	152	28	61	64	667
..	..	4	..	..	4	2	..	..	..	..	15	2	23	8	16	5	157
..	40	..	3	..	..	1	16

3; in Greenwich, 1; in Hartford, 32; in Meriden, 3; in Middletown, 1; in New Haven, 16; Windham, 2. Non-residents in these are deducted from the total mortality of their re-

VITAL STATISTICS FOR DECEMBER, 1914.

By mortality reports received there were 1,449 deaths during the month of December. This was 136 more than in November and 100 less than in December of last year, and 37 less than the average number of deaths during December for the five years preceding:

	1914	1913	1912	1911	1910	1909
January	1,671	1,614	1,600	1,760	1,498	1,367
February	1,623	1,547	1,567	1,556	1,421	1,313
March	1,845	1,704	1,681	1,692	1,632	1,575
Total first quarter	5,139	4,865	4,848	5,008	4,551	4,255
April	1,650	1,507	1,428	1,679	1,505	1,508
May	1,508	1,425	1,406	1,435	1,421	1,332
June	1,234	1,408	1,213	1,175	1,266	1,214
Total second quarter	4,392	4,340	4,047	4,289	4,192	4,054
July	1,440	1,498	1,454	1,635	1,735	1,416
August	1,596	1,535	1,433	1,449	1,426	1,492
September	1,526	1,422	1,392	1,284	1,387	1,293
Total third quarter	4,562	4,455	4,279	4,368	4,548	4,201
October	1,323	1,239	1,397	1,345	1,381	1,237
November	1,313	1,275	1,256	1,196	1,252	1,266
December	1,449	1,549	1,489	1,348	1,576	1,471
Total fourth quarter	4,085	4,063	4,112	3,889	4,209	3,974
Total for year	18,178	17,723	17,316	17,554	17,500	16,484

The death rate expressed as an annual rate per 1,000 estimated population was 14.1 for the large towns, for the small towns 12.9 and for the whole state including state institutions 14.5. The deaths from infectious diseases were 205, being 14.1 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

MEASLES.—Ansonia, 6; Branford, 6; Bridgeport, 4; Coventry, 1; Derby, "epidemic"; Enfield, 3; Fairfield, 106+; Greenwich, 9; Guilford, 1; Hartford, 6; Huntington, 2; Milford, 3; New Haven, 51; North Haven, 1; Norwich (city), 1; Old Lyme, 1; Orange, 16; Plymouth, 1; Portland, 5; Saybrook, 1; Seymour, 3; Stafford Springs (borough), 1; Trumbull, 1; Wallingford, 1; Waterbury, 5; Westport, 68.—Total, 303+ in 26 towns.

SCARLET FEVER.—Berlin, 1; Bethel, 1; Branford, 3; Bridgeport, 28; Danbury (city), 4; East Haven, 1; Enfield, 4; Essex, 1; Fairfield, 1;

Glastonbury, 2; Greenwich, 1; Hartford, 7; Killingly, 1; Manchester, 8; Meriden (city), 16; Meriden (town), 3; New Britain, 4; New Haven, 24; New London, 4; Norwich (city), 9; Old Saybrook, 4; Orange, 3; Plainfield, 1; Pomfret, 5; Putnam (city), 4; Redding, 4; Rockville (city), 1; Salisbury, 1; Saybrook, 6; South Windsor, 1; Stamford (city), 3; Torrington, 5; Waterbury, 5; Westport, 1; Willimantic (city), 1; Windsor, 2; Woodstock, 1.—Total, 171 in 37 towns.

CEREBRO-SPINAL FEVER.—Fairfield, 1; Wilton, 1.—Total, 2 in 2 towns.

DIPHTHERIA AND CROUP.—Ansonia, 2; Bridgeport, 26; Danbury (city), 7; Darien, 1; Derby, 2; East Haddam, 1; Ellington, 2; Enfield, 3; Greenwich, 2; Hartford, 27; Huntington, 1; Manchester, 1; Meriden (city), 9; Middletown (city), 3; Monroe, 1; Montville, 1; Naugatuck, 8; New Britain, 9; New Haven, 44; New London, 4; North Haven, 5; Norwalk (city), 10; Norwich (city), 5; Orange, 6; Putnam (city), 2; Ridgefield, 11; Rockville (city), 3; Roxbury, 1; Seymour, 7; Shelton (borough), 7; Stafford Springs (borough), 3; Stamford (city), 4; Stonington, 2; Stratford, 1; Suffield, 1; Thompson, 3; Torrington, 2; Wallingford, 1; Waterbury, 13; Watertown, 1; West Hartford, 1; Westport, 1; Wethersfield, 1; Willimantic (city), 10; Windham, 2; Windsor Locks, 2; Winsted (borough), 12.—Total, 271 in 47 towns.

WHOOPING COUGH.—Beacon Falls, 5; East Hartford, 1; Granby, 3; Greenwich, 2; Groton (borough), 10; Hartford, 21; Litchfield, 12+; Mansfield, 1; New Britain, 1; New Canaan, 3; New London, 17; Ridgefield, 5; Rocky Hill, 31; Simsbury, 15+; Stamford (city), 7; Stratford, 5; Suffield, 25; Thomaston, 1; Waterbury, 2; Wethersfield, 14.—Total, 181+ in 20 towns.

TYPHOID FEVER.—Ansonia, 1; Bridgeport, 2; Danbury (city), 1; Darien, 1; East Hartford, 1; Hartford, 21; Killingly, 1; Meriden (city), 1; Norfolk, 1; Norwalk (city), 1; Plymouth, 1; Southbury, 2; Stratford, 1; Washington, 2; Waterbury, 3; West Hartford, 1; Wilton, 1; Winsted (borough), 1.—Total, 43 in 18 towns.

TUBERCULOSIS.—Beacon Falls, 1; Bridgeport, 26; Brookfield, 2; Chester, 1; Danbury (city), 2; Darien, 1; East Hartford, 3; Fairfield, 1; Glastonbury, 2; Greenwich, 3; Hartford, 16; Manchester, 1; Meriden (city), 3; Middletown (city), 3; Middletown (town), 2; Milford, 2; Naugatuck, 1; New Haven, 25; New London, 5; Norfolk, 1; Norwich (city), 4; Plainfield, 3; Rockville (city), 1; Saybrook, 1; Simsbury, 1; Somers, 1; Southington, 3; Stamford (city), 4; Stonington, 1; Stratford, 1; Torrington, 1; Waterbury, 12; Willimantic (city), 1; Windsor Locks, 1; Winsted (borough), 2.—Total, 138 in 35 towns.

In addition to the above the Health Officers of 73 towns report that they have not been notified of any infectious diseases.

All the Health Officers of Fairfield County have reported, but the Health Officers of the following towns have not reported:

Hartford County.—Bristol, Plainville.

New Haven County.—Hamden, Middlebury.

New London County.—Franklin, Lyme, Norwich, Sprague, Waterford.

Windham County.—Scotland.

Litchfield County.—Barkhamsted, Bridgewater, Canaan, Cornwall, Winchester, Woodbury.

Middlesex County.—Haddam, Middlefield.

Tolland County.—Vernon.

The following DEATHS from infectious diseases are reported by the REGISTRARS in towns of less than 5,000 population:

LA GRIPPE.—Granby, 1; Thompson, 1; Trumbull, 1; Washington, 1.—Total, 4.

DIPHTHERIA AND CROUP.—Ashford, 1; East Haddam, 1; Monroe, 1; Windsor, 1.—Total, 4.

WHOOPING COUGH.—Litchfield, 1; Suffield, 1.—Total, 2.

TUBERCULOSIS.—Avon, 1; Brooklyn, 1; Eastford, 1; East Lyme, 1; Haddam, 1; Harwinton, 1; Lebanon, 1; Litchfield, 1; North Haven, 1; Prospect, 1; Sharon, 1; Somers, 1; Sprague, 1; Thompson, 1; Weston, 1.—Total, 15.

The registrars of the following towns have made no report for December:—Cornwall, Coventry, East Haven, Kent, Madison, Montville, Newtown, Union, Voluntown, Waterford and Wilton.—Total, 11.

Report of specimens examined at the Laboratory of the State Board of Health during the month of December, 1914:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis,	52	525	4	581
release,	62	139	6	207
Typhoid,	9	26		35
Tuberculosis,	26	72		98
Glanders,	9	11		20
Syphilis,	28	86	9	123
Contagious Abortion,		2		2
Total specimens examined,				1066
Samples of milk analyzed,				218
" " water examined,				39
Sewage and effluents examined,				3
River water examined,				51
Oil samples tested,				3

VITAL STATISTICS FOR 1914.

With the possible exception of a few delayed certificates the death returns for the year 1914 have been received, so that we can give some approximate information in advance of the annual registration report, regarding the mortality in the state during the past year. The deaths numbered 18,178, which is 456 more than during the previous year and represents a death rate of 15.1 per thousand of population, as compared with 15 per thousand in 1913.

Among sanitarians the world over, the typhoid fever death rate is regarded as a sensitive index of the sanitary condition of a community and the state was fortunate in having a low death rate from this disease. There were 106 deaths reported, twenty-five less than in 1913; the death rate of that year, 11.1, was the lowest recorded up to that time. The death rate for 1914 is 8.8 per one hundred thousand of population and compares favorably with that of any state in the registration area. There were also 300 fewer cases of typhoid fever reported than in 1913.

Pulmonary tuberculosis or consumption was the cause of 1,483 deaths, which is 47 more than in 1913. The death rate is 123 per one hundred thousand population as compared with 122 per one hundred thousand in 1913.

Pneumonia with 1,877 deaths had the distinction of causing more deaths than any other single disease. This is 22 more than last year. Under the head of pneumonia are included not only acute lobar pneumonia, but also broncho pneumonia and the various terminal pneumonias.

The deaths from diphtheria were 238 as compared with 221 last year. There is no one of the infectious diseases that the health officials and school inspectors have worked harder to overcome. The state has furnished free antitoxin and the state as well as municipal laboratories have done an immense amount of work in diagnosis of the disease and the detection of carrier cases. From scarlet fever there has been 71 deaths as compared with 114 in 1913. There was an increase in the number of deaths from both measles and whooping cough. These last three diseases show a very variable death rate from year to year, a high rate in any one year being followed by a low death rate for the next two or three years. There were 3 deaths reported from pellagra and no deaths from small pox.

There were 3,265 deaths of infants under one year of age. This is 82 less than in 1913. Nearly one-third of these deaths occur during the first week of life, mostly from congenital causes. The deaths between the ages of one and five years numbered 1,101 or 66 less than last year. The deaths from accidents, homicides and suicides numbered 1,196, one less than in 1913.

BABY KILLERS.

According to the United States government chemists, the public is warned against the following "baby killers," otherwise known as soothing syrups. We give here a list of such concoctions now in bad repute, together with the dope that kills baby's nerves:

- Mrs. Winslow's Soothing Syrup (Morphine Sulphate).
 - Children's Comfort (Morphine Sulphate).
 - Dr. Fahey's Pepsin Anodyne Compound (Morphine and Sulphate).
 - Dr. Fahrney's Teething Syrup (Morphine and Chloroform).
 - Dr. Grove's Anodyne for Infants (Morphine Sulphate).
 - Hooper's Anodyne the Infant's Friend (Morphine Hydrochloride).
 - Jadway's Elixir for Infants (Codein).
 - Dr. James' Soothing Syrup (Heroin).
 - Koepp's Baby's Friend (Morphine Sulphate).
 - Dr. Miller's Anodyne for Babies (Morphine Sulphate and Chloral Hydrate).
 - Dr. Moffett's Teething Powders (Powdered Opium).
 - Victor Infant Relief (Chloroform and Cannabis Indica).—*Reprint North Carolina Board of Health.*
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SEALED HOMES.

It once was customary at about this time of the year to nail down the windows, bank the house about with straw and otherwise exert every ingenuity to hermetically seal it.

These sealed homes housed six or eight persons through the winter. These persons breathed the same air over and over again—and air is not only exhausted in consequence of much breathing and rebreathing, but also made nauseating by coal gases, fumes from the cook stove and human exhalations. Those who lived in the sealed homes generally suffered from headaches, ruined digestion and other numerous ailments, wondering why they should be thus afflicted. Probably these sealed homes are one cause of the many ills that country people suffer; for it unfortunately is true that many country homes still are sealed with the coming of cold weather. Windows are nailed down and straw is banked about the basements and every breath of fresh air that attempts to enter is carefully shut out. There would be little reason for tuberculosis and the many less serious ailments that country people complain of were it not for the fact that many of them shut themselves up against the benefits of fresh air for six months of every year.

City homes are not usually thus closed. However, at this time of the year many persons replace their screens with storm windows and superheat the atmosphere in which they live. The storm window may be

desirable during the extremely cold weather of the winter. However, it is highly desirable at this time to keep screens in use until killing frosts have destroyed all insects. These insects are prone to enter human habitations at this time of the year. It is growing cool without and they seek the shelter and warmth of the home. At no season of the year is it desirable to superheat the air within the home. While a reasonably warm temperature is necessary, this should not exceed 68 or 70 degrees Fahrenheit. The air also should be frequently changed. Despite the cold weather that may come, it is always preferable to have open bedroom windows during the night; and this is desirable regardless of atmospheric conditions. A cold bedroom containing fresh air is infinitely better than a warm room containing foul air. A bedroom, too, should have at least two openings directly into the out of doors. Two windows are desirable, both of them being open. If it is not possible to get this kind of ventilation, then a door, together with a window in some adjoining room, should provide it. Bed covering may be as heavy as is necessary, but high temperature should be discouraged at night, and fresh air should be encouraged.

It is advised, therefore, that the "sealed house" be avoided, in the interests of good health.—*Milwaukee Health Bulletin*.

THE PROPER DOSAGE OF DIPHTHERIA ANTITOXIN.

(From Jour. A. M. A., Dec. 12, 1914)

At the last session of the American Medical Association, Dr. W. H. Park¹ read a paper in which he reported his experience with Schick's² test. This reaction indicates whether or not persons who have been exposed to diphtheria are susceptible to the disease; that is, whether or not prophylactic injection of antitoxin is needed. In the discussion it was urged that the matter be brought to the attention of physicians as soon as possible, in order to avoid the expense and inconvenience of unnecessary prophylactic inoculations.

Some later studies of Schick³ which bear on the dosage of diphtheria antitoxin in the treatment of diphtheria patients have recently been reported from von Pirquet's clinic in Vienna. They seem to be of such practical importance for the every-day work of general practitioners

¹ Park, William H.; Zinghr, A., and Serota, M. H.; Active Immunization in Diphtheria and Treatment by Toxin-Antitoxin, *The Journal A. M. A.*, Sept. 5, 1914, p. 859.

² Schick, B.; Kassowitz, K., and Busacchi, P.: Experimentelle Diphtherie Serum-Therapie beim Menschen, *Ztschr. f. d. ges. exper. Med.*, 1914, iv, 83.

³ An Early Test for Susceptibility to Diphtheria, Editorial, *The Journal A. M. A.*, April 11, 1914, p. 1176.

as to make it desirable that every physician should become acquainted with them. While all special workers will want to read the full details of the experimental work which has led to Schick's conclusions, in general, it will be sufficient to know the results and that the methods by which they have been reached indicate that we have good reason to believe in their reliability. It is interesting to see how closely the results obtained by Schick correspond to those which followed the careful studies of Park on toxin and antitoxin titration in diphtheria.

Schick and his associates have made use of the now well-known fact that intracutaneous test injections of minimal amounts of diphtheria toxin will cause redness and swelling at the site of injection. In diphtheria patients, they made several such intracutaneous test injections at three-hour intervals for some little time preceding the moment of injecting the curative antitoxin. After injecting antitoxin, they subsequently made intracutaneous test injections of the same minimal amounts of diphtheria toxin at twenty-four hour intervals. The curative dose of antitoxin was given intramuscularly, and varied in size in different patients. The effect of the antitoxin serum is precisely recognizable by the decrease in the diameter of the reactions following the intracutaneous test injections of toxin.

Careful observation showed that the main effect of the antitoxin is one of immunization—that is, a suitable dose of antitoxin renders the individual immune to a dose of toxin administered later. On the other hand, even a large dose of antitoxin has but slight effect on the action of toxin injected previously. To be sure, there is some effect on toxin introduced from three to six hours before the injection of antitoxin, and in exceptional cases an enfeeblement of the effect of the toxin introduced nine hours before the antitoxin was given; in other words, the main effect of antitoxin injection is to protect against toxin arriving after the antitoxin has been introduced.

The experiments have shown that it is necessary to calculate the dose of antitoxin according to the body weight of the patient. When amounts of antitoxin corresponding to 50 units per kilogram⁴ of body weight are given, the protective effect against toxin injected simultaneously, and on that injected twenty-four hours later, is demonstrable, but is not satisfactory. On increasing the dose of antitoxin to 100 units per kilogram, the immunizing effect is extraordinarily better, as, in the majority of cases, toxin injected twenty-four hours later produces no effect whatever. In addition, the effects on toxin injected simultaneously is much better than when only 50 units per kilogram are given. On increasing the dose of antitoxin to 250 or 500 units per kilogram, the influence on simultaneously injected toxin is somewhat improved, but there is no increase whatever in the immunizing effect, for, as has been said, 100 units per kilogram exert a maximal effect on any toxin subsequently introduced.

⁴ A kilogram is equal approximately to $2\frac{1}{3}$ pounds avoirdupois.

Further observations showed that a maximal antitoxin effect is obtained with a dosage of 500 units per kilogram; larger doses have no greater influence, either on simultaneously injected toxin or on toxin injected twenty-four hours afterward. The retroactive effect on toxin injected three hours earlier is very slight even when 500 units per kilogram are given, and such large doses have only a slightly better effect than doses of 100 units per kilogram.

In the treatment of human diphtheria, therefore, Schick and his colleagues recommended (1) that the injection be given at the earliest possible moment; (2) that it be given intramuscularly; (3) that in all mild and medium cases of diphtheria (and these make up about 90 per cent. of all cases) a single dose of 100 units of antitoxin per kilogram suffices, and (4) that in the severest cases, 500 units per kilogram may be injected. In other words, in a child weighing 20 kg. (or 44 pounds); 2,000 units will, in 90 per cent. of the cases, suffice, while in 10 per cent. of the cases of the most severe type a dosage of 10,000 units may be given. In an adult weighing 60 kg. (or 132 pounds) a dose of 6,000 units will suffice in all the ordinary cases, whereas in the severest cases a single dose of 30,000 units may be given.

One of the most important of Schick's observations is that repeated injections of the serum are superfluous and not warranted. Even in the severest cases, he asserts that if a dose of 500 units per kilogram be injected immediately the greatest good possible will be obtained. Subsequent injections of antitoxin after six, twelve or twenty-four hours are, he maintains, unnecessary, for any further effect of toxin is prevented by a single dose of the size mentioned. If the diphtheria patient dies, it is because the toxin elaborated by the organisms in his body has had time to act before the antitoxin was injected, and cannot by any means as yet known to us be afterward inactivated. The only circumstance in which a second injection is of value is when the first injection given has been smaller in dose than the optional doses recommended; then one may give a single dose of 500 units per kilogram.

In exposed persons requiring a prophylactic immunizing dose, a single injection of 50 units per kilogram is sufficient.

If the conclusions drawn by Schick and his colleagues from these interesting studies be correct, it is obvious that the practitioner will, from now on, be provided with a precise method of treating diphtheria patients hitherto much desired. It would appear that the enormous doses sometimes given of 100,000 units, or more, of antitoxin are wholly unnecessary, involving large expense and much inconvenience to the patient, especially where repeated injections have been given. One would of course, not shrink from the expense or from the inconvenience, could a single life be saved thereby; but Schick's studies seem to indicate that in most cases 100 units per kilogram, and in a few severest cases 500 units per kilogram, given in a single dose, yield the maximal protective effect at present obtainable.

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., DECEMBER, 1914.

DATE.	TEMPERATURE			Precipitation. (In inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.	
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)	
1	55	36	46	T.	Pt. Cldy	32	Mean.....	30.17; highest...30.63; date 26
2	54	39	46	.01	Clear	4	Lowest	29.36; date 14
3	59	40	50	.00	Pt. Cldy	76	TEMPERATURE.	
4	42	34	38	.00	Cloudy	41	Highest...59°; date 3; lowest.... 8°; date 27	
5	37	28	32	.00	Cloudy	2	Greatest daily range 27°;	date 14
6	34	28	31	T.	Cloudy	0	Least daily range... 2°;	date 9
7	33	31	32	.81	Cloudy	0	Mean highest...35.1°; lowest....21.4°	
8	34	31	32	.28	Cloudy	0	MEAN FOR THIS MONTH IN	
9	31	29	30	T.	Cloudy	0	1904-23°	1905-34° 1906-27° 1907-34° 1908-32°
10	35	27	31	.00	Pt. Cldy	75	1909-28°	1910-25° 1911-36° 1912-36° 1913-36°
11	40	31	36	.03	Pt. Cldy	65	1914-28°	
12	36	25	30	.00	Clear	87	Mean for this month.....	28.2°
13	44	19	32	1.00	Cloudy	7	Normal for this month.....	29.8°
14	47	20	34	.46	Pt. Cldy	54	Absolute maximum for this month for 11	
15	21	12	16	.00	Clear	100	years.....	67°
16	30	15	22	.00	Clear	100	Absolute minimum for this month for 11	
17	29	14	22	.00	Clear	88	years.....	8°
18	30	13	22	.00	Clear	86	Average daily deficiency of this month	
19	43	21	32	.27	Cloudy	0	as compared with the normal	1.6°
20	40	28	34	.00	Clear	81	Accumulated excess since Jan. 1	123.0°
21	36	24	30	.55	Cloudy	0	Average daily excess since Jan. 1.....	0.3°
22	30	18	24	.00	Clear	92	PRECIPITATION.	
23	25	14	20	.00	Pt. Cldy	79	Total this month.....	3.85
24	26	12	19	.01	Cloudy	0	Total snowfall.....	2.5
25	26	7	16	.00	Cloudy	49	Greatest precipitation in 24 hours 1.46,	
26	11	-4	4	.00	Clear	100	date.....	13-14
27	15	-8	4	T.	Cloudy	41	Snow on ground end of month.....	0.8
28	34	11	22	.00	Pt. Cldy	55	Normal for this month.....	3.57
29	34	20	27	.46	Cloudy	0	Excess (+) of this month as com-	
30	47	27	37	.60	Pt. Cldy	62	pared with the normal	0.28
31	30	20	25	.00	Pt. Cldy	70	Accumulated deficiency (-) since Jan. 1	11.01
Mean	35	21	28	3.85		47	TOTAL PRECIPITATION THIS MONTH IN	
							1904-3.09 1905-3.47 1906-3.83 1907-4.70 1908-3.36	
							1909-2.83 1910-1.93 1911-3.36 1912-4.46 1913-3.59	
							1914- 3.85	
							WIND.	
							Prevailing direction	N.
							Total movement.....	5,123 miles
							Average hourly velocity	6.9
							Maximum velocity (in five minutes) 27	
							miles per hour, from S.W. on 14th.	
							WEATHER.	
							Number of days, clear.....	8
							Partly cloudy.....	9
							Cloudy	14
							On which .or inch, or more, occurred..	9
							MISCELLANEOUS PHENOMENA	
							(dates of).	
							Halos, solar.....	none
							Halos, lunar.....	1, 3, 23, 31
							Sleet.....	7, 8, 21
							Fog	1, 3

NOTE.—“T” indicates trace of precipitation.

WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 73 p. c.

WEATHER BUREAU.

JANUARY, 1915

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

STATE BOARD OF HEALTH

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DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	Estimated Population.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Fox.
Total for State,	1,197,266	2,497	97	644	1,502	15.0	252	94	..
1 Ansonia,	16,140	45	1	5	22	16.3	7	2	..
2 Branford,	6,183	9	..	4	8	15.5	...	1	..
3 Bridgeport,	114,477	317	10	67	137	14.1	26	9	..
4 Bristol,	15,045	35	1	7	10	7.9	2	1	..
5 Danbury,	25,113	26	..	8	33	14.3	3	..	..
6 Derby,	9,415	29	..	4	18	19.1	4	2	..
7 East Hartford,	8,830	15	3	5	6	8.1	1	..	..
8 Enfield,	10,927	29	1	13	9	9.8	1	2	..
9 Fairfield,	6,792	4	2	1	6	10.6	3	1	..
10 Glastonbury,	5,010	10	..	2	8	19.1	4	..	..
11 Greenwich,	18,179	30	..	32	23	15.3	2	2	..
12 Groton,	6,708	10	..	6	8	14.3	...	..	..
13 Hamden,	6,339	6	..	4	9	17.0	1	1	..
14 Hartford,	106,541	280	12	64	160	15.3	30	7	..
15 Huntington,	6,934	13	1	6	10	17.3	...	..	..
16 Killingly,	6,456	13	..	4	2	3.7	...	..	..
17 Manchester,	14,857	21	1	10	11	8.8	3	..	..
18 Meriden,	33,414	61	1	12	37	12.9	3	1	..
19 Middletown,	22,054	38	2	5	17	...	4	1	..
20 Naugatuck,	13,594	33	1	9	10	8.8	2	1	..
21 New Britain,	50,201	129	4	19	35	7.8	12	13	..
22 New Haven,	143,836	347	19	115	208	16.1	32	18	..
23 New London,	20,503	41	2	26	24	12.8	5	1	..
24 New Milford,	5,092	6	..	3	5	11.7	...	1	..
25 Norwalk,	25,922	44	1	13	17	6.4	2	..	..
26 Norwich,	29,651	41	..	13	43	15.7	5	1	..
27 Orange,	12,982	18	2	4	10	9.2	3	..	..
28 Plainfield,	7,478	13	..	3	7	11.2	...	..	..
29 Plymouth,	5,898	21	..	..	6	12.2	1	2	..
30 Putnam,	7,253	13	..	5	12	18.1	...	1	..
31 Seymour,	5,284	12	..	3	8	18.1	3	..	..
32 Southington,	6,766	12	..	5	8	14.1	2	..	..
33 Stafford,	5,607	10	1	1	10	21.4	1	..	..
34 Stamford,	32,834	58	2	25	51	16.3	13	..	..
35 Stonington,	9,399	15	2	4	11	14.0	1	1	..
36 Stratford,	6,534	15	..	7	4	7.3	1	..	..
37 Torrington,	18,594	40	3	8	13	8.3	3	1	..
38 Vernon,	9,328	15	..	3	11	14.1	...	..	..
39 Wallingford,	12,016	25	..	4	10	9.9	3	..	..
40 Waterbury,	81,941	191	9	15	101	13.0	28	10	..
41 West Hartford,	5,456	12	..	3	9	19.7	3	1	..
42 Winchester,	9,045	15	..	6	9	10.6	...	..	..
43 Windham,	13,590	46	1	6	19	16.7	5	1	..
Total of above towns, ..	978,218	2,163	82	559	1,175	14.4	219	82	..
Towns of less than 5,000,	219,048	334	15	85	275	15.0	33	12	..
Deaths in State Inst's., ..	.....	....	..	...	52	....	...	...	..

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 2; in Dan-
New Haven, 15; in New London, 2; in Norwalk, 3; in Norwich, 4; in Putnam, 1; in Stamford,
total mortality of their respective towns in estimating the death rates of those towns.

HEALTH FOR THE MONTH OF JANUARY, 1915.

FOR DECEMBER, 1914.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhoea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.	
9	6	13	..	..	25	7	9	9	..	9	119	14	214	21	99	70	878	
..	I	..	..	..	I	..	3	I	..	I	15	I
..	I	..	..	..	..	..	..	..	..	..	2	..	..	..	I	2	2	2
I	3	..	..	..	4	I	..	..	..	I	11	..	20	3	4	10	79	3
..	2	..	4	..	..	..	4	4
..	I	..	..	..	I	..	2	..	4	4	21	5
..	2	..	..	..	..	..	..	..	2	..	..	..	14	6
..	I	..	I	I	3	7
..	I	..	..	..	..	..	I	..	I	6	8
I	I	..	..	..	..	..	..	..	..	I	..	..	3	9
..	I	I	6	10
..	I	..	..	I	..	..	I	..	I	..	..	I	18	11
..	I	..	2	..	5	12
..	I	..	..	..	..	..	..	..	2	..	..	..	6	13
..	..	3	..	..	2	..	..	2	..	2	5	4	20	3	10	8	101	14
..	I	..	..	..	..	..	3	..	2	..	..	..	4	15
..	I	1	16
..	..	2	..	..	..	I	..	..	..	..	..	..	2	..	I	I	7	17
..	3	..	7	..	4	2	18	18
..	I	..	..	..	3	..	4	..	I	I	7	19
..	I	..	..	..	..	..	..	..	2	..	..	..	7	20
..	5	..	5	..	I	2	22	21
7	..	2	..	..	6	..	I	I	..	I	16	..	42	4	21	10	97	22
..	I	I	4	..	2	..	16	23
..	3	..	..	..	2	24
..	I	..	..	..	..	5	..	..	I	10	25
..	I	4	..	..	..	..	..	I	..	I	3	..	2	..	4	2	25	26
..	3	..	..	..	7	27
..	I	I	I	..	I	..	3	28
..	3	..	I	..	2	29
..	4	..	I	..	7	30
..	2	..	2	..	I	..	3	31
..	I	I	..	..	I	..	5	32
..	I	..	..	..	..	..	I	..	..	..	I	..	7	33
..	I	10	2	I	5	32	34
..	I	..	..	..	..	..	..	..	..	I	..	..	9	35
..	I	..	..	..	..	..	..	I	..	..	..	2	36
..	I	2	..	..	..	I	..	9	37
..	2	..	I	2	6	38
..	2	..	..	..	..	..	2	..	..	..	..	..	6	39
..	I	I	2	I	..	2	7	..	17	..	9	5	56	40
..	I	..	3	..	..	..	5	41
..	I	..	2	..	I	..	5	42
..	I	3	..	..	..	15	43
9	5	11	..	..	24	4	6	8	..	8	75	9	185	16	76	61	678	
..	I	2	..	..	I	3	2	I	..	I	14	5	26	5	23	9	182	
..	I	..	..	..	30	..	3	..	..	..	18	

bury, 3; in Derby, 3; in Hartford, 24; in Meriden, 1; in Middletown, 18; in New Britain, 2; in 6; in Waterbury, 6; and in Winchester, 1. Non-residents in these are deducted from the

VITAL STATISTICS FOR JANUARY, 1915.

By mortality reports received there were 1,502 deaths during the month of January. This was 29 less than in December and 169 less than in January of last year, and 127 less than the average number of deaths during January for the five years preceding:

	1915	1914	1913	1912	1911	1910
January	1,502	1,671	1,614	1,600	1,760	1,498

The death rate expressed as an annual rate per 1,000 estimated population was 14.4 for the large towns, for the small towns 15.0, and for the whole state including state institutions 15.0. The deaths from infectious diseases were 188, being 12.5 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

MEASLES.—Ansonia, 2; Branford, 36+; Bridgeport, 6; Brookfield, 4; Danbury (city), 1; Derby, 2; East Haven, 1; Enfield, 3; Fairfield, 9; Farmington, 1; Greenwich, 71; Groton (town), 1; Groton (borough), 7; Hartford, 2; Lebanon, 2; Lisbon, 3; Milford, 2; Naugatuck, 1; New Britain, 1; New Canaan, 1; New Haven, 137; New London, 4; Old Lyme, 2; Orange, 27; Preston, 1; Salisbury, 8; Seymour, 3; Shelton (borough), 1; Sprague, 9; Stamford (city), 3; Stonington, 2; Suffield, 4; Waterbury, 7; Westport, 7.—Total 371+ in 34 towns.

SCARLET FEVER.—Beacon Falls, 1; Branford, 4; Bridgeport, 29; Bristol, 6; Brookfield, 1; Brooklyn, 3; Colchester, 2; Danbury (city), 1; Danbury (town), 1; Danielson (borough), 3; East Hartford, 1; Enfield, 4; Fairfield, 1; Glastonbury, 1; Greenwich, 1; Hartford, 13; Hebron, 2; Killingly, 3; Ledyard, 1; Manchester, 9; Meriden (city), 8; Meriden (town), 5; Monroe, 4; Naugatuck, 3; New Britain, 2; New Canaan, 1; New Haven, 25; New London, 2; Norwich (city), 8; Norwich (town), 1; Plainfield, 6; Pomfret, 2; Preston, 1; Putnam (city), 3; Putnam (town), 8; Redding, 8; Rockville (city), 1; Saybrook, 1; Southington, 1; South Windsor, 1; Stamford (city), 4; Stratford, 9; Suffield, 3; Thompson, 3; Torrington, 3; Vernon, 1; Wallingford, 3; Waterbury, 3; Westport, 2; Wilton, 1.—Total 210 in 50 towns.

CEREBRO SPINAL FEVER.—Glastonbury, 1; New Haven, 1.—Total 2 in 2 towns.

INFANTILE PARALYSIS.—Milford, 1.

DIPHTHERIA AND CROUP.—Ansonia, 1; Berlin, 2; Branford, 1; Bridgeport, 24; Bristol, 3; Burlington, 1; Coventry, 7+; Danbury (city), 3; Darien, 4;

Derby, 6; East Hartford, 1; East Windsor, 1; Enfield, 1; Fairfield, 1; Glastonbury, 1; Greenwich, 2; Hamden, 3; Hartford, 26; Harwinton, 4; Killingly, 4; Meriden (city), 3; Meriden (town), 1; Middletown (city), 6; Middletown (town), 1; Montville, 1; Naugatuck, 4; New Britain, 4; New Haven, 40; New London, 5; New Milford, 2; Norwalk (city), 3; Norwich (city), 4; Norwich (town), 1; Orange, 12; Plainfield, 1; Plainville, 1; Portland, 1; Putnam (city), 2; Rockville (city), 2; Shelton (borough), 2; Stafford, 2; Stafford Springs (borough), 2; Stonington, 5; Stratford, 2; Thomaston, 1; Thompson, 1; Torrington, 3; Wallingford, 10; Washington, 1; Waterbury, 11; West Hartford, 1; Westport, 1; Wethersfield, 1; Willimantic (city), 3; Winsted (borough), 5.—Total, 241+ in 55 towns.

WHOOPING COUGH.—Berlin, "several"; Bridgeport, 2; Chester, 6; East Haddam, 1; Fairfield, 2; Granby, 12; Groton (town), 1; Groton (borough), 5; Hartford, 13; Hebron, 1; Killingly, "epidemic"; Lisbon, 23; Litchfield, 20+; New Canaan, 1; New Haven, 4; New London, 30; North Stonington, 7; Norwich (town), 4; Plainfield, "epidemic"; Ridgefield, 2; Rocky Hill, 8; Stamford (city), 8; Stratford, 27; Suffield, 15+; Trumbull, 15; Waterbury, 2; Westport, 5; Wethersfield, 5; Willimantic (city), 4.—Total, 223+ in 29 towns.

TYPHOID FEVER.—Bridgeport, 3; Bristol, 1; Burlington, 1; Danbury (city), 1; Greenwich, 1; Hartford, 6; Killingly, 1; Manchester, 2; New Britain, 2; New Haven, 2; Torrington, 1; Willimantic (city), 1.—Total, 22 in 12 towns.

TUBERCULOSIS.—Ansonia, 1; Bethany, 1; Bethel, 1; Bridgeport, 22; Bristol, 1; Brookfield, 2; Canton, 3; Cheshire, 1; Danbury (city), 2; Derby, 1; East Hartford, 1; East Windsor, 1; Enfield, 1; Fairfield, 2; Greenwich, 1; Groton (borough), 1; Hamden, 1; Hartford, 20; Killingly, 2; Litchfield, 1; Madison, 1; Manchester, 1; Mansfield, 1; Meriden (city), 3; Meriden (town), 1; Middletown (city), 2; Middletown (town), 2; Naugatuck, 1; New Britain, 3; New Canaan, 1; New Hartford, 1; New Haven, 37; New London, 7; Norwich (city), 3; Old Lyme, 1; Preston, 1; Ridgefield, 2; Rockville (city), 1; Seymour, 2; Southington, 2; Stamford (city), 2; Torrington, 2; Wallingford, 2; Waterbury, 4; West Hartford, 2; Winsted (borough), 1; Woodstock, 2.—Total, 154 in 47 towns.

In addition to the above the Health Officers of 72 towns report that they have not been notified of any infectious diseases.

All the Health Officers of New London, Fairfield and Tolland Counties have reported, but the Health Officers of the following towns have not reported:

Hartford County.—East Granby.
 New Haven County.—Middlebury.
 Windham County.—Canterbury, Hampton.
 Litchfield County.—Morris, Watertown, Woodbury.
 Middlesex County.—Haddam.

The following **DEATHS** from infectious diseases are reported by the **REGISTRARS** in towns of less than 5,000 population:

SCARLET FEVER.—Thompson, 1.

LA GRIPPE.—North Haven, 1; Westport, 1.—Total, 2.

DIPHTHERIA AND CROUP.—Darien, 1.

WHOOPING COUGH.—Simsbury, 1; Wethersfield, 1; Windsor Locks, 1.—Total, 3.

TYPHOID FEVER.—Wilton, 1.

TUBERCULOSIS.—Andover, 1; Beacon Falls, 1; Berlin, 1; Bethany, 1; Bethel, 1; Canton, 1; Cheshire, 1; Cromwell, 1; East Lyme, 2; East Windsor, 1; Lebanon, 1; Litchfield, 1; Madison, 1.—Total, 14.

The registrars of the following towns have made no report for January:—Essex, Portland, Voluntown, Waterford.—Total, 4.

Report of specimens examined at the Laboratory of the State Board of Health during the month of January, 1915:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	38	182	8	228
release	68	97	3	168
Typhoid	1	27	1	29
Tuberculosis	28	92		120
Syphilis	37	66	19	122
Glanders	7	6	1	14
Rabies		1		1
Gonococcus		1		1
Malaria		1		1
Contagious Abortion in Cattle	4	1		5
Total specimens examined				689
Samples of milk analyzed				196
“ “ water examined				37
“ “ river water examined				21
Sewage and effluents examined				8
Oil samples examined				4
Samples of ice examined				1

REAPPOINTMENTS.

We note with great satisfaction the reappointment by Governor Holcomb of two members of the State Board of Health, Dr. Albert W. Phillips of Derby, who has been a member for twelve years, and Dr. Louis J. Pons of Milford, who has served for six years.

THE POLLUTION OF STREAMS.

Since the introduction of the water carriage of sewage some sixty-five years ago, the problem of the pollution of streams has grown with the growth of population, and to-day represents a problem very seriously affecting the physical and economic welfare, as well as the health of the people. Bills having for their object the relief of this condition were introduced at the last three sessions of the Legislature without result. The General Assembly of 1913 did, however, pass an Act directing the State Board of Health to investigate the subject of the pollution of waters within the state by sewage and other filth and recommend to this General Assembly such legislation as will lead to the termination of all such pollution. A complete sanitary survey of all the more important streams has been made during the past summer and fall. The information gathered has been tabulated and the report will be issued in a few days. Bills have also been presented, and are now before the Legislature, which, if passed, will bring the State of Connecticut in line with those states which are giving these problems the consideration they demand.

As a result of the careful study of sanitary engineers in connection with these sewage disposal problems marked advances have been made, but one point is evident and must be recognized, i. e., that the amount of purification required and the type of plant to be installed can only be determined in each case by a study of local conditions. On account of the increasing population it will always be physically impossible to maintain waterways in their original and natural condition of purity, but a reasonable degree of cleanliness should nevertheless be demanded, so as not to cause offense to public decency or injury to public health.

In the solution of the sewage disposal problems the present custom of one municipality discharging its wastes into the nearest waterway to be carried to the doorway of its neighbor farther down the stream can not be continued indefinitely, and the expense involved in the construction of sewerage systems with no thought for necessary changes in the future, is a waste of money which can be largely eliminated by the supervision of a central board whose primary duty is the general welfare of the state as a whole.

VACCINATION.

There is before the Legislature this year the usual bills calling for the repeal of the law which permits the vaccination of school children. At the hearing before the Committee, the anti-vaccinationist will no doubt present the same arguments as in former years, namely, that vaccination does not prevent smallpox, that it causes other diseases and that better results in prevention could be obtained by quarantine and disinfection.

It seems hardly possible that one can read the history of smallpox before the days of vaccination and doubt that our present freedom from the

disease is the result of vaccination. It is not necessary, however, to go back one hundred years to learn its beneficial effects. In Porto Rico and the Philippine Islands millions of people have been vaccinated since the American occupation, with the result that there are now few deaths in those islands from smallpox where formerly there were thousands.

The charge that vaccination ever causes syphilis, tuberculosis or other diseases is without foundation, with the exception that a vaccination presents the same avenues of infection as there may be in the simplest operation or injury that produces an abrasion of the skin. If one were to collect statistics of all the accidental infections following the amputation of a corn, they would probably exceed the accidents resulting from vaccination, still no one hesitates to relieve himself of an aching corn.

All men of experience are agreed that no quarantine, however rigid and well carried out, will to any degree prevent the spread of smallpox. There are always mild unrecognized cases, which never have a physician and which go on spreading the disease after the severe cases are quarantined. Quarantine has not stamped out scarlet fever or diphtheria and it will not stamp out smallpox. Vaccination alone will prevent it. Before the discovery of Jenner, smallpox was considered a disease of childhood because few children reached adult age without having the disease.

TUBERCULOSIS.

In a recent issue of the U. S. Public Health Bulletin, Dr. S. Adolphus Knopf of New York City discusses in a most interesting and practical way the subject of educating people concerning consumption. The writer is of the opinion that one of the effective ways in which the spread of tuberculosis can be combated successfully is by education that will remove or correct the prevailing notion regarding consumption as being a contagious disease, when as a matter of fact it is communicable, but not contagious, and only becomes dangerous through ignorance or carelessness. This important fact should be made known in order that people may overcome their fear of the disease and thus be able to combat it successfully.

Dr. Knopf asserts that it is a good thing to frankly tell an ordinary audience that probably nine-tenths of them have or have had tuberculosis at one time or another in their lives, and that the chances are that a slight attack of the disease confers upon us a certain degree of immunity against future attacks. Then he proceeds to define in a plain, simple way the difference between a contagious and a communicable disease and takes smallpox as an example. He says it should be made clear that no matter how clean and conscientious a smallpox patient may be, no person should go near him unless such person has been vaccinated and revaccinated, and also that everyone should stay away from a smallpox hospital. Smallpox is contagious.

"But on the other hand, people should be told that they may safely touch and shake hands with the conscientious consumptive, and even kiss him on the forehead, if they must kiss, and nothing will happen to him. They can also be assured that a well equipped and well conducted tuberculosis hospital or sanatorium is the safest place not to catch consumption in."

There are many people who regard a tuberculosis hospital as a menace to the health of the community in which it is located. Nothing could be further from the truth. As now conducted, hospitals for the care and treatment of the communicable or contagious diseases do not contribute to the spread of such diseases, but on the contrary are important factors in keeping down contagion and confining it to the smallest possible limits.

SEWAGE DISPOSAL FOR A COUNTRY HOUSE.

By GEORGE C. HAM, PH.B., *Sanitary Inspector.*

The disposal of sewage from suburban and country houses, remote from sewerage systems, is an important sanitary problem in Connecticut. For a country house with a large area of available land, the house sewer may be extended to a suitable field of grass land remote from any source of water supply and far enough away to insure the house against odors or infection by flies. Under these conditions surface irrigation may be a satisfactory disposal. Several furrows should lead from the sewer outlet and the flow should be frequently changed from one part of the field to another. The location should be far enough from any stream to prevent the possibility of the sewage reaching it, except after filtering through the ground for a considerable distance. Where available areas are limited, as in most of our summer resorts and many suburbs, a safe sewage disposal is more difficult. If the house is supplied with running water, baths and water-closets, the volume of sewage to be cared for is considerable. On the other hand, if the water supply is from wells on the premises, although the volume of sewage may be less, the greater danger of pollution requires a higher degree of purification. In either case the ordinary cesspool is likely to be inadequate or dangerous. The cesspool, although it reduces some of the solids of its contents by putrefaction, is not well adapted for a safe or even continuous disposal.

It works well only when located in an open porous soil, through which the unpurified effluent may contaminate water supplies at a great distance. The methods of sewage disposal for single houses are the same in principle as those used in larger works and depend on the action of bacteria in the sewage. The useful sewage bacteria are of two classes, namely: the anaërobic bacteria which are active only in the absence of light and air, and the aërobic bacteria, which require the oxygen of the air to perform their functions. The anaërobic bacteria under favorable conditions are capable of breaking up the sewage and liquifying or gasifying a considerable part of the solids in suspension. The aërobic bacteria

when supplied with the necessary oxygen act on the organic matter in solution and perform the actual purification by oxidation and nitrification.

The various methods of sewage disposal are simply arrangements to give the bacteria, already in the sewage, favorable conditions under which to do their work.

The first treatment in the disposal of sewage is for the separation of the solids in suspension from the liquid.

This may be done by screening or passing the sewage through settling, septic or cultivation tanks or roughing filters.

The next process is the purification by nitrification or oxidation of the organic matter in solution and the methods most used are dilution, irrigation, subsurface irrigation, intermittent filtration, contact beds, trickling or sprinkling filters and disinfection. The essentials of these methods will be briefly outlined as follows:

Screens or roughing filters, which are screens of coke or similar material, are seldom used in small plants as they clog and require much labor to keep clean.

In settling or sedimentation tanks the sewage is passed slowly through the tank, allowing a part of the solids to settle by gravity to the bottom, from which the sludge is cleaned out at frequent intervals. In the so-called chemical precipitation process, formerly much used, precipitation of the solids was assisted by the addition of lime or ferric sulphate. This added to the bulk of the sludge to be cleaned out and the process is now seldom used in this country.

In septic tanks the flow is so arranged that the sludge in the bottom and the scum on the top may be disturbed as little as possible and the sewage is held for a longer period. A part of the sludge is liquified by the action of the anaërobic bacteria and frequent cleaning of the tank is not required. A modification of the septic and sedimentation tank is known as the Imhoff tank. This is a two-story tank in which the sewage as it passes through the upper part drops the sludge through a narrow opening into the lower tank, which is stagnant. Under this arrangement a more complete putrefaction takes place in the lower tank, giving a much less objectionable sludge. Imhoff tank sludge is practically free from objectionable odor and septic sludge is not.

The Imhoff tank effluent is also in better condition for further purification than that from a tank in which much septic action has taken place. In cultivation tanks or roughing filters the sewage is usually passed upward from the bottom through layers of broken stone or other material. They give more complete anaërobic action in sludge reduction but are difficult to clean. Of the aërobic methods of purification, dilution, or the direct discharge of the sewage into the nearest body of water, is perhaps the most familiar and often the most dangerous. Besides simple dilution some oxidation takes place in the water and if the volume of water is large enough the organic matter may ultimately be oxidised and the pathogenic germs destroyed. The process is however

very slow and the method should not be used except possibly in the case of a very small amount of sewage into tide water remote from shellfish beds or bathing beaches. In irrigation the sewage is applied directly to the surface of the land and is usually distributed in ditches or furrows. In subsurface irrigation the sewage is distributed through porous tiles laid about a foot under the surface. As in most of the aërobic methods of disposal the sewage must be applied intermittently in order to allow the soil to become aërated between doses.

Intermittent downward filtration is used in several municipal sewage disposal works in Connecticut. The sewage is discharged intermittently onto specially prepared beds of sand which are usually underdrained. The liquid filters through the sand, leaving the sludge on the surface to be removed before the bed is again used. The bacterial action takes place in the upper layers of the sand and from properly constructed and operated beds a very pure effluent is obtained.

Contact beds are underdrained, watertight tanks filled with a coarse material suitable for bacterial growth. The tank is filled with sewage from the top and after standing full for about two hours is emptied and allowed to stand empty for a period, generally longer than the contact period. This is to allow air to enter before the bed is again filled.

The purification is accomplished chiefly by the action of bacteria lodged in the filter but there is also a mechanical straining of the sewage through the filtering material.

In percolating or sprinkling filters, the sewage is sprinkled or sprayed onto beds of coarse stone or other suitable materials either intermittently or continuously. Their arrangement is such that the bacteria are supplied with air and sewage at the same time. Contact beds and sprinkling filters, while they produce a stable effluent (one which will not further putrefy), do not remove as high a percentage of bacteria as the process of irrigation or filtration. Disease germs in the effluents of any of these methods of disposal can be destroyed by treatment with hypochlorite of lime or liquid chlorine. This treatment is known as disinfection.

In advising a method of sewage disposal it must be remembered that the disposal of sewage from every house, no matter how small, is a separate problem. Location, character of soil, slope and danger to nearby water supplies vary so greatly that no general method can be suggested.

For large establishments, institutions or for cottages, when there is evident danger to water supply, the safest plan is first to get expert advice and then follow it carefully.

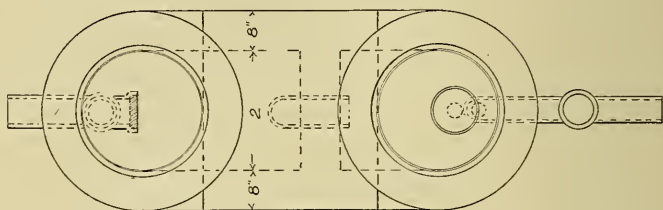
However, the method of sewage disposal usually best adapted to our suburban houses with moderate sized grounds, is by septic or sedimentation tank followed by subsurface irrigation.

Some advantages of this system are moderate cost of construction and operation. It is not unsightly and the danger of fly infection is eliminated. The subsurface irrigation system can be installed under lawns or waste

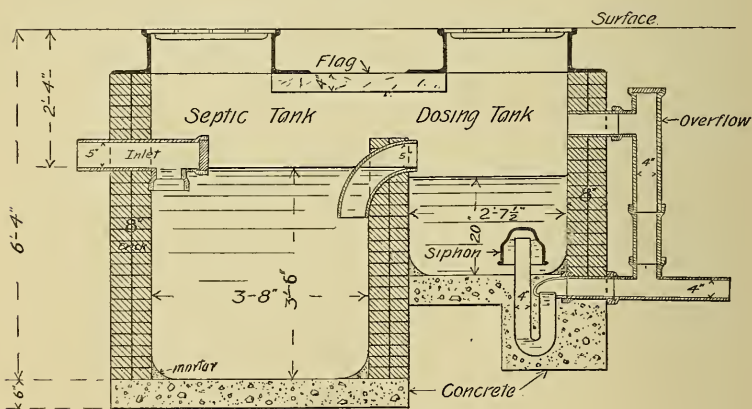
land. Some slope from the house to the field is required and the soil should be somewhat open or else should be underdrained.

It is best to avoid locating the subdrains near trees as the roots may clog them; this, however, only requires relaying a portion of the drain occasionally. The essentials of the system are a septic tank, a dosing

DETAIL OF TANKS



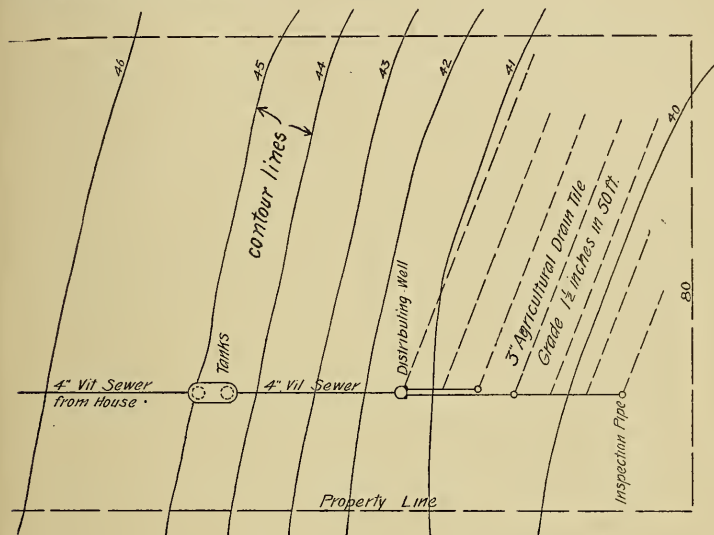
PLAN



ELEVATION

tank with a siphon to empty it when full, a system of subsoil drains, and the necessary sewer connections. The tanks should be watertight and can be built with 6-inch walls of concrete (1 part Portland cement, 2 parts sand and 4 parts broken stone or gravel) or with 8-inch walls of hard burned brick laid in Portland cement mortar (1 part cement to 2 parts sand) and plastered with the same. A downward bend on the inlet and outlet pipes is necessary to prevent disturbing the scum. The capacity of the septic tank may be about three-fourths of the estimated daily flow of sewage, which varies from 25 to 50 gallons for each person.

In order to give the sewage time to leach away between doses, the dosing tank should have a capacity of at least a fifth of the daily flow. Siphons suitable for sewage tanks can be obtained from The Pacific Flush Tank Co., of New York, or The Meritt Hydraulics Co., of Philadelphia, and others. All the other material required can be had in any of our larger towns or cities. The dosing tank should be connected with the subsoil drains by a 4-inch vitrified sewer pipe laid with cement joints and having a fair fall.



SEWAGE DISPOSAL for a SINGLE HOUSE SHOWING LOCATION of TANKS & SUBSOIL PIPES

The subsoil drains should be 3-inch agricultural drain tile laid with open joints, around which several inches of gravel should be placed. The tiles should be laid on a grade of from 2 to 6 inches per 100 feet, and should be about 10 inches under the surface. The drainage system should be divided into at least two independent parts, each having a capacity about equal to the dosing tank. The flow of sewage should be changed occasionally from one part to the other by plugging up one outlet in the diverting well. If the soil is tight (much clay) it will be necessary to dig the trenches about 2 feet deeper than the absorption tiles. Lay under-drains in the bottom and fill the trenches up to the level of the tiles with gravel or small broken stone. In operation, the sludge in the septic tank should be cleaned out about once a year if necessary.

After being stirred up it can be pumped with an ordinary hand pump. It may be run into ditches in the garden and immediately covered up, without much nuisance. After a few years' use, some of the drains may become clogged and should be taken up and relaid either in the old trench or in a new location.

The illustration shows a typical installation.

This was designed for a suburban house on a lot 80 feet front by 200 feet deep. The subsoil irrigation was located at the extreme rear of the lot where the slope and quality of the soil were favorable. The design was for a family of six.

The house was supplied with running water, a bath, two water-closets and about six other fixtures. The estimated daily flow was 240 gallons; capacity of septic tank, 240 gallons; capacity of dosing tank, 60 gallons. The drainage system was two units of 150 feet each of 3-inch tile, and the cost, not including sewer from house to septic tank, was about \$110.

An Imhoff tank could be substituted for the septic tank, but the improvement might not be worth the additional cost.

Practically the same disposal could be built for about \$50, by using two hogsheads for the septic tank and a half-cask for the dosing tank. The hogsheads would decay in a few years, but their renewal would not involve much expense.

A PROGRESSIVE TOWNSHIP.

S. DEM. GAGE in *Rhode Island Bulletin*.

Under the above heading in the December 4th number of Public Health Reports, Dr. Stiles of the U. S. Public Health Service calls special attention to the fact that in Cape Fear Township, North Carolina, *every home and every school* is provided with a privy.

It is difficult for us who live in New England, where sanitation is so far advanced that the privy is regarded by the majority of the people as a relic of past decency, to appreciate the significance of this statement, or to realize the fact that in certain parts of this great United States a large proportion of the people are not provided with even the simplest of sanitary facilities. Statistics show that of 189,586 rural homes inspected in 501 counties in the Gulf Atlantic States, 95,988, or over one-half, had no toilet facilities whatever, not even a privy.

It is interesting to compare these conditions with those in Rhode Island. While no systematic inspection of our rural homes has been made, judging from the results of inspections which have been made at various times in different parts of the State, it can be confidently asserted that probably every home in the State is provided with toilet facilities of some kind, and that from 80 to 90 per cent. of the residents of the State enjoy the

convenience of modern water-flushed closets. In the cities and most of the thickly settled villages, even where no sewerage system exists for carrying off the water-borne wastes, most of the better class of homes are equipped with the modern sanitary plumbing which the majority of people consider a necessity rather than a luxury, and only in the extreme outlying sections and in certain of the mill villages is the privy a common institution. * * * * *

NO MORE PATENT MEDICINES.

Patent medicines have been left completely out of the latest issue of the catalogue of one of the largest mail order houses in the country, says the *American Journal of Public Health*, and prominent among the reasons assigned for this are the following:

"We find valueless and even dangerous medicines offered to the public through the medium of advertising that is extravagant, misleading and deceptive—advertising calculated to deceive the well into the belief that they are sick and to induce the sick to pin their faith to ineffectual means for recovery.

"That patent medicines are more than likely to be disappointing as well as dangerous is apparent when we consider the fact that the all-important as well as the most difficult thing in the treatment of disease is that of finding the real underlying cause of the trouble, and the further fact that the person least able to form a safe judgment in this matter is the patient himself.

"The person who falls a victim to the advertisement that attaches a grave meaning to every little ache or pain, when in reality nothing ails him that forgetting would not cure, is at least defrauded.

"The person who depends on an advertised nostrum to cure a serious ailment, which to be successfully treated must have only the most prompt and skillful attention, is throwing away valuable time. The most dangerous medicine, especially in the case of the lingering diseases that drugs alone can not cure, is that which, by containing a stimulant or an opiate, causes its victim to feel better for a while. Being thus encouraged in a vain hope, though all this time the lurking disease is steadily progressing, he often turns too late, if he turn at all, to rational means for recovery."

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., JANUARY, 1915.

DATE.	TEMPERATURE			Precipitation. (in inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.	
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)	
							Mean.....	30.11; highest..30.55; date 24
							Lowest	29.31;, date 13
							TEMPERATURE.	
							Highest..57°; date 7; lowest.... 9°; date 5	
							Greatest daily range 31°;, date 5	
							Least daily range... 4°;, date 27	
							Mean highest ...37.1°; lowest....24.2°	
							MEAN FOR THIS MONTH IN	
							1905-23°	1906-34° 1907-26° 1908-29° 1909-29°
							1910-29°	1911-30° 1912-19° 1913-37° 1914-27°
							1915-31°	
							Mean for this month.....	30.6°
							Normal for this month.....	25.5°
							Absolute maximum for this month for 11 years.....	62°
							Absolute minimum for this month for 11 years.....	12°
							Average daily excess of this month as compared with the normal	5.1°
							Accumulated excess since Jan. 1	158.0°
							Average daily excess since Jan. 1	5.1°
							PRECIPITATION.	
							Total this month.....	5.70
							Total snowfall.....	7.4
							Greatest precipitation in 24 hours 1.63, date.....	17-18
							Snow on ground end of month.....	4.1
							Normal for this month.....	3.83
							Excess (+) of this month as compared with the normal	1.87
							Accumulated excess(+) since Jan. 1 ...	1.87
							TOTAL PRECIPITATION THIS MONTH IN	
							1905-4.64	1906-2.69 1907-2.94 1908-3.47 1909-2.80
							1910-6.68	1911-2.77 1912-2.11 1913-2.82 1914-3.38
							1915-5.70	
							WIND.	
							Prevailing direction	N.
							Total movement.....	5,024 miles
							Average hourly velocity	6.8
							Maximum velocity (in five minutes) 40 miles per hour, from S.W. on 7th.	
							WEATHER.	
							Number of days, clear.....	6
							Partly cloudy.....	11
							Cloudy	14
							On which .01 inch, or more, occurred..	13
							MISCELLANEOUS PHENOMENA	
							(dates of).	
							Halos, solar.....	14, 16
							Halos, lunar.....	none
							Sleet.....	12, 23, 25
							Fog	18
Mean	37	24	31	5.70		42		

NOTE.—"T" indicates trace of precipitation.

WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 78 p. c.

WEATHER BUREAU.

19 MAR 1915

FEBRUARY, 1915

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

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J. Frederick Jackson, C.E., Hamden

Joseph H. Townsend, M.D., Secretary

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	Estimated Population.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Pox.
Total for State,	1,197,266	2,657	79	888	1,450	14.5	269	97	..
1 Ansonia,	16,140	39	3	20	21	15.6	7	5	..
2 Branford,	6,183	9	..	6	16	31.0	3	4	..
3 Bridgeport,	114,477	326	10	116	177	18.0	37	17	..
4 Bristol,	15,045	32	..	7	12	9.5	7	1	..
5 Danbury,	25,113	49	1	8	31	13.8	4	..	..
6 Derby,	9,415	29	1	13	15	10.6	8	..	..
7 East Hartford,	8,830	24	4	4	5	6.7	2	1	..
8 Enfield,	10,927	31	1	25	11	12.0	3	..	..
9 Fairfield,	6,792	16	..	3	14	24.7	3	1	..
10 Glastonbury,	5,010	13	1	3	4	9.5	..	..	..
11 Greenwich,	18,179	35	3	14	18	11.8	6	..	..
12 Groton,	6,708	16	..	..	8	14.3	1	..	..
13 Hamden,	6,339	8	1	1	10	18.9	2	..	..
14 Hartford,	106,541	295	7	99	165	15.2	29	14	..
15 Huntington,	6,934	13	..	2	5	8.6	1	..	..
16 Killingly,	6,456	12	..	7	8	14.8	..	..	..
17 Manchester,	14,857	40	..	15	8	6.4	2	..	..
18 Meriden,	33,414	70	1	22	35	12.5	6	1	..
19 Middletown,	22,054	50	..	11	16	5.9	2	3	..
20 Naugatuck,	13,594	26	..	11	12	10.5	3	1	..
21 New Britain,	50,201	161	1	50	49	11.4	15	5	..
22 New Haven,	143,836	372	11	122	192	14.6	35	19	..
23 New London,	20,503	54	2	23	32	18.1	5	1	..
24 New Milford,	5,092	10	..	2	4	9.4	..	1	..
25 Norwalk,	25,922	52	2	18	27	12.0	5	1	..
26 Norwich,	29,651	52	2	37	42	14.5	9	2	..
27 Orange,	12,982	18	..	4	10	9.2	1	..	..
28 Plainfield,	7,478	13	1	6	6	9.6	..	..	..
29 Plymouth,	5,898	13	..	2	5	10.1	2	..	..
30 Putnam,	7,253	17	..	8	12	19.8	2	2	..
31 Seymour,	5,284	9	..	5	3	6.8	..	..	..
32 Southington,	6,766	19	..	4	7	12.4	2	1	..
33 Stafford,	5,607	12	..	2	9	19.2	2	..	..
34 Stamford,	32,834	59	3	24	34	12.0	5	2	..
35 Stonington,	9,399	13	1	6	9	11.4	..	..	..
36 Stratford,	6,534	16	..	4	8	14.6	3	..	..
37 Torrington,	18,594	46	1	13	11	7.0	2	1	..
38 Vernon,	9,328	21	1	3	7	9.0	2	1	..
39 Wallingford,	12,016	22	..	8	9	7.9	1	..	..
40 Waterbury,	81,941	177	4	43	101	14.3	26	7	..
41 West Hartford,	5,456	6	1	1	9	19.7	4	..	..
42 Winchester,	9,045	18	1	6	18	21.2	2	..	..
43 Windham,	13,590	33	2	17	21	13.2	3	..	..
Total of above towns, ..	978,218	2,346	66	795	1,216	14.9	252	91	..
Towns of less than 5,000,	219,048	311	13	93	185	10.1	17	6	..
Deaths in State Inst's., ..	.....	.....	..	...	49	....	....	....	....

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 5; in Dan-
16; in New London, 1; in Norwalk, 1; in Norwich, 6; in Putnam, 1; in Stamford, 1; in Walling-
deducted from the total mortality of their respective towns in estimating the death rates of

HEALTH FOR THE MONTH OF FEBRUARY, 1915.

FOR JANUARY, 1915.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.
9	6	18	2	..	23	15	5	3	..	21	140	15	212	40	76	75	790
1	1	..	1	3	1	..	2	12
5	1	..	..	1	..	..	9
..	3	2	1	..	3	2	..	..	..	3	24	3	34	3	3	12	84
..	1	1	..	..	..	..	..	..	..	..	..	10	4
..	1	..	..	..	..	..	..	..	..	..	1	..	5	1	2	3	18
..	1	..	..	6	..	..	..	8
..	1	1	1	..	..	2	7
..	1	2	2	1	..	7	8
..	..	1	..	..	..	..	..	..	..	..	1	..	2	1	1	..	8
..	1	..	1	1	..	1	10
..	1	..	1	..	4	11	11
..	1	..	1	..	6
..	2	..	2	..	..	..	6
..	..	4	..	..	3	1	1	1	..	4	16	4	23	1	12	7	88
..	1	1	..	..	..	..	..	3
..	2	..	1	1	..	..	15
..	1	..	..	..	..	1	2	..	..	..	1	..	4
..	..	3	..	..	1	..	..	..	..	..	1	..	1	1	5	1	3
..	1	1	1	..	..	2	22
..	1	..	..	..	..	..	1	..	2	2	..	10	19
..	1	1	..	3	2	1	..	3
2	..	2	1	..	5	2	3	..	..	1	3	..	10	..	3	6	24
..	..	1	..	..	1	..	..	..	..	1	8	1	47	3	7	11	101
..	2	..	3	1	2	2	20
..	1	1	..	2
..	1	..	..	..	..	1	..	2	1	1	2	19
..	..	2	..	..	1	2	..	..	..	..	3	..	6	2	5	1	20
..	1	..	..	..	..	1	8
..	1	1	4
..	1	..	..	4
..	3	..	..	..	..	1	..	..	..	..	1	..	7
..	1	..	3
..	1	..	..	..	..	..	1	..	3	..	..	..	5
..	..	1	..	..	..	1	..	..	..	1	1	3	1	3	1	3	20
..	8
..	1	2	3	..	..	..	1
..	1	..	..	..	..	..	2	..	1	..	..	1	6
..	1	..	..	..	1	..	1	4
..	2	..	..	1	..	1	5
1	..	2	..	..	1	..	1	2	..	2	10	..	16	11	7	4	44
..	1	..	..	..	8
..	1	..	..	..	..	..	1	..	1	..	1	..	14
..	3	..	3	1	14
9	4	18	2	..	22	13	5	3	..	20	97	13	187	36	64	63	660
..	2	..	..	1	2	..	..	..	..	1	8	1	23	4	12	12	119
..	35	1	2	..	..	..	11

bury, 2; in Derby, 2; in Hartford, 30; in Middletown, 5; in New Britain, 1; in New Haven, ford 1; in Waterbury, 3; in Winchester, 2; and in Windham, 6. Non-residents in these are those towns.

VITAL STATISTICS FOR FEBRUARY, 1915.

By mortality reports received there were 1,450 deaths during the month of February. This was 72 less than in January and 173 less than in February of last year, and 93 less than the average number of deaths during February for the five years preceding:

	1915	1914	1913	1912	1911	1910
January	1,522	1,671	1,614	1,600	1,760	1,498
February	1,450	1,623	1,547	1,567	1,556	1,421

The death rate expressed as an annual rate per 1,000 estimated population was 14.9 for the large towns, for the small towns 10.1, and for the whole state including state institutions 14.5. The deaths from infectious diseases were 216, being 14.8 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

MEASLES.—Ansonia, 7; Beacon Falls, 1; Bethlehem, 2; Branford, "epidemic"; Bridgeport, 6; Brookfield, 1; Brooklyn, 4; Cromwell, 12; Derby, 10; East Haven, 18; Glastonbury, 2; Greenwich, 2; Groton (town), 4; Groton (borough), 25; Hartford, 2; Huntington, 2; Ledyard, 1; Lisbon, 1; Milford, 2; Monroe, 2; New Britain, 2; New Canaan, 1; New Haven, 112; New London, 11; North Branford, 4; North Haven, 4; Norwich (city), 1; Orange, 3; Plymouth, 2; Preston, 4; Salem, 1; Shelton (borough), 10; Southington, 1; Stamford (city), 1; Stonington, 1; Suffield, 2; Waterbury, 21; Westport, 6; Willimantic (city), 1.—Total, 292 in 39 towns.

SCARLET FEVER.—Berlin, 1; Bloomfield, 1; Bridgeport, 14; Bristol, 4; Chatham, 1; Colchester, 2; Danbury (city), 1; Danbury (town), 2; Enfield, 7; Fairfield, 1; Glastonbury, 4; Greenwich, 3; Guilford, 1; Hamden, 1; Hartford, 6; Hebron, 1; Manchester, 2; Meriden (city), 5; Meriden (town), 2; Naugatuck, 2; New Britain, 2; New Canaan, 1; New Haven, 26; New London, 2; North Stonington, 1; Norwich (city), 2; Orange, 1; Pomfret, 3; Putnam (city), 3; Redding, 2; Ridgefield, 3; Rockville (city), 1; Stafford Springs (borough), 1; Stamford (city), 6; Stamford (town), 2; Stratford, 1; Thompson, 1; Torrington, 8; Wallingford, 8; Waterbury, 18; Wilton, 2.—Total, 155 in 41 towns.

CEREBRO SPINAL FEVER.—Bridgeport, 1; New Haven, 1; Waterbury, 1.—Total, 3 in 3 towns.

DIPHTHERIA AND CROUP.—Beacon Falls, 1; Bethel, 1; Bridgeport, 26; Bristol, 6; Danbury (city), 6; Darien, 2; Derby, 2; East Windsor, 4; Fairfield, 1; Glastonbury, 2; Greenwich, 3; Hamden, 1; Hartford, 32; Killingly, 2; Middletown (city), 2; Milford, 2; Naugatuck, 3; New Britain, 3; New Haven, 32; Newington, 1; New London, 1; North Canaan, 1; Norwalk (city), 1; Norwich (city), 2; Orange, 1; Plainfield, 1; Plainville, 3; Portland, 1; Putnam (city), 8; Rockville (city), 3; Rocky Hill, 1; Seymour, 1; Shelton (borough), 1; Stafford Springs (borough), 2; Stamford (city), 1; Stamford (town), 1; Stratford, 6; Torrington, 8; Wallingford, 2; Waterbury, 11; West Hartford, 1; Willimantic (city), 2; Wilton, 1; Windsor, 1; Windsor Locks, 3; Winsted (borough), 4.—Total, 200 in 46 towns.

WHOOPING COUGH.—Bridgeport, 4; Chester, 3; East Haven, 2; Granby, 7; Groton (town), 2; Groton (borough), 10; Hartford, 9; Litchfield, 10+; Manchester, 6; Middlebury, 3; New Britain, 1; New Canaan, 1; New Hartford, 2; New London, 14; Plainfield, 5+; Ridgefield, 4; Sprague, 12; Stamford (city), 7; Stamford (town), 4; Stonington, 1; Stratford, 2; Suffield, 15; Waterbury, 3; Waterford, 2; Watertown, 6.—Total, 135+ in 25 towns.

TYPHOID FEVER.—Bridgeport, 1; Bristol, 1; Danbury (city), 1; Essex, 1; Hamden, 1; Hartford, 2; Middletown (city), 1; Naugatuck, 1; New Haven, 3; Plainfield, 1; Shelton (borough), 1; Stonington, 1; Waterbury, 2; Willimantic (city), 1.—Total, 18 in 14 towns.

TUBERCULOSIS.—Ansonia, 1; Avon, 1; Berlin, 1; Bridgeport, 27; Bristol, 2; Brookfield, 2; Burlington, 1; Derby, 1; East Hartford, 1; East Windsor, 2; Fairfield, 2; Hartford, 31; Huntington, 1; Ledyard, 1; Manchester, 2; Meriden (city), 6; Middletown (city), 2; Middletown (town), 2; Naugatuck, 2; New Britain, 6; New Haven, 28; New London, 2; Norwalk (city), 1; Norwich (city), 1; Plainfield, 2; Shelton (borough), 2; Southbury, 1; Stafford Springs (borough), 1; Stamford (city), 7; Stratford, 1; Torrington, 2; Wallingford, 2; Waterbury, 12; Weston, 1; Westport, 1; Willimantic (city), 1; Winsted (borough), 1.—Total, 160 in 37 towns.

In addition to the above the Health Officers of 77 towns report that they have not been notified of any infectious diseases.

All the Health Officers of New Haven, New London, Fairfield, Litchfield and Tolland Counties have reported, but the Health Officers of the following towns have not reported:

Hartford County.—Simsbury.

Windham County.—Hampton.

Middlesex County.—Haddam.

The following **DEATHS** from infectious diseases are reported by the **REGISTRARS** in towns of less than 5,000 population:

SCARLET FEVER.—Salisbury, 1; Thompson, 1.—Total, 2.

DIPHTHERIA AND CROUP.—Ellington, 1.

WHOOPING COUGH.—Simsbury, 1; Thomaston, 1.—Total, 2.

TUBERCULOSIS.—Bethel, 1; Chester, 1; Darien, 1; East Windsor, 2; Litchfield, 1; Ridgefield, 1; Sprague, 1.—Total, 8.

The registrars of the following towns have made no report for February:—Barkhamsted, Bolton, Brooklyn, East Haven, Madison, Portland, Voluntown, Waterford.—Total, 8.

Report of Specimens examined at the Laboratory of the State Board of Health during the month of February, 1915:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	32	351	5	388
release	34	82	13	129
Typhoid	11	22	2	35
Tuberculosis	21	95		116
Wasserman	44	107	34	185
Glanders	20	3	5	28
Malaria		3		3
Rabies	1	1		2
Contagious Abortion	1	1		2
Total specimens examined				888
Samples of milk analyzed				207
" " water examined				31
Sewage and effluents examined				6
Samples of ice examined				1
" " oil "				4

NEW HEALTH OFFICERS.

The following town health officers have been recently appointed: Dr. George H. Joslin of Hamden, Dr. Arthur D. Marsh of Hampton, Mr. F. S. Chamberlain of Middlebury and Dr. Ralph W. Nichols of North Haven.

REPORT ON THE POLLUTION OF STREAMS.

The State Board of Health has just issued the report on the pollution of streams which was ordered by the General Assembly of 1913 to be presented to the present Legislature. This report deals with an investigation of all rivers of appreciable size in the state and the collection of statistics relating to them. The analyses are given of samples of river water collected at various designated stations, also facts regarding the population and sewerage systems on the watersheds and the manufacturing wastes discharged into streams. With few exceptions all the streams examined give evidence of pollution. Pursuant to instructions the Board has prepared and caused to be introduced bills designed to remedy present conditions in the waters of the state and to prevent their pollution in the future. These bills are to be heard before the Committee on Public Health and Safety on Tuesday, March 23d, at 1.30 P. M., and it is hoped that there will be a large attendance of those interested in improving the present unsanitary condition of our streams.

THE FRESH AIR HABIT.

The gospel of fresh air is no longer new, but there are many on whom the preaching of this gospel has little effect. Their interpretation of fresh air is going out of doors for a limited time during the day, but the letting of fresh air into the homes in quantities and sleeping in rooms with sufficient fresh air is still unpracticed by the great majority of those to whom it would be most valuable. There is economy in changing the air of a room often, as warm dry air does not give the same sense of warmth and comfort afforded by a cooler moist air. Heating tends to dry the air and thus our houses and offices become overheated before they seem comfortable.

The best rest for the sick or weary man or woman is taken in pure fresh air. If there is no available outdoor sleeping place, open the windows. If your room has only one window, open it equally from top and bottom; if two windows, lower one all the way from the top and push up the other all the way from the bottom. The bed should be screened from a direct draught; a clothes-horse and blanket make a good screen, without much trouble. To insure perfect rest be perfectly sure that you are to be warm. No sleep is restful unless the sleeper is warm and more people object to fresh air because it is cold than for any other reason. The bed should be made with warm blankets under you, as well as over you. Some beds are cold simply because there are not sufficient heat retaining properties in the thin mattress. The night clothes should be of warm material; outing flannel is good for this purpose as well as for sheets. Avoid weight in bedding, but have the

outside cover of some thickly woven material that will keep out the wind. Put a sleeping cap or hood on your head. You will then have the most refreshing sleep. There are many people of such lowered vitality that they will need artificial heat in order to secure comfort in fresh air sleeping. Use any means at hand from the luxurious electric pad to the jug of hot water and heated flat-iron. These need not come in contact with the body, but placed in the bed they will radiate the heat that is necessary to secure comfort for the sleeper.

For the healthy there is no such tonic as fresh air sleeping.

For the sick there is no greater restorative than fresh air sleeping.

Get the fresh air habit day and night.

Breathe deep and sleep warm.

THE TEXAS HEALTH CAR.

It will be recalled that the last Legislature made an appropriation of \$10,000 per year for a health car and for the propagation of data designed to better the public health, and that because of the shortage of funds in the State Treasury, the Governor vetoed the appropriation for the first year. The second year's appropriation has just become available and the State Board of Health, with the coöperation of Mr. R. J. Newton, secretary of the Texas Public Health Association, has just completed the car and started it on a tour of the State. The car is in charge of a representative of the State Board of Health and the State Hookworm Commission, and from newspaper reports appears to be admirably fitted out for the purpose in hand. The trial trip was made from Austin to Llano and back through Austin to Houston, stops being scheduled for all communities of more than 300 inhabitants. The State Medical Association and the State Dental Association are joining in the movement, and wherever the car stops representatives of these two organizations will be on hand to see that there are suitable arrangements for lectures, demonstrations, etc. Dr. Brumby, chairman of the Committee on Public Health of the State Medical Association, and the councilor of each district in which the car may happen to be at the time, will have charge of all arrangements so far as the State Association is concerned, and any suggestions from the profession looking to the success of the movement should be communicated to Dr. Brumby at San Antonio, who will take the matter up with the proper authorities at the proper time.

While this car contains a good deal of valuable data, probably its most important function will be to advertise the need of health campaigns throughout the country and offer an opportunity for public health lectures at the time, through which much additional good should arise. The movement is assured of the hearty support of the medical profession.—*Texas State Journal of Medicine.*

Houston, Texas, has an ordinance relative to public swimming pools. All natatoriums must be cleaned each week and the water therein changed semi-weekly.

The lack of an official birth certificate made it impossible for the son of a former governor of North Carolina to secure the extra increase in salary in the United States Navy to which all native-born are entitled.

Regarding vaccination, the Surgeon General of the Army says: "No one can study the history of military vaccination in the Philippines or elsewhere, with an open mind, without being convinced of its enormous protective value. If the forty thousand men in the Philippines in 1899 had not been vaccinated all military operations would have ceased within six weeks and only a small disfigured remnant would have again seen their native land."

FIFTY YEARS HENCE—1964.—Grandpa Jonsmith (showing his boyhood treasures to his grandson): "This, Willie, is the silver medal I won when I was ten years old for swatting more flies in fifteen minutes than any other boy in my Sunday school class. This membership certificate was presented to me by the 'Who's Swat Club.' The mayor of the city decorated me with this gold medal for being the champion fly swatter in the city. Here is a jackknife that I bought with money I earned by swatting and selling seven quarts and one pint of flies at 5 cents a pint."

Grandson Willie: "Grandpa, what is a fly?"—*H. S. Hall, in Woman's Home Companion.*

A FOOL WOMAN (some doctors would say she was a fool woman) writes to the State Board of Health concerning doctor's offices. She says: "I was in a physician's office a few days ago and the usual pile of magazines were on the table. I have noted these magazines many times but had never thought anything about them. This time I saw an old man who had a hideous sore on his face and also on his hand. When he took up one of the dirty magazines lying on the doctor's table I saw a drop of fluid which oozed out of the uncovered sore on his hand fall on to the magazine. On another occasion I saw spittle from a drooling baby held by its mother fall upon one of the magazines which she was reading. I was lately in the office of a famous eye specialist and his office is filthy. In accordance with the general dirtiness of the room there was a pile of dirty magazines on his table. They had been handled by hundreds of people with sore eyes and possibly with disease germs in their mouths. Surely this condition will transmit disease. I

hope something can be done to prevent the doctors from passing disease on through their dirty offices and dirty magazines." Another writer upon this subject at one time made fun of "abolishing the common drinking cups so long as dirty doctors with their dirty offices were allowed to exist."—*Bulletin, Indiana State Board of Health.*

MALARIA AND THE CONSERVATION OF WATER.

The statement that a slight change in one way may cause many changes in other directions is indeed a platitude, yet its immediate application may be new. One of the most important questions of the times is the conservation of natural resources, and of these coal stands preeminent; its substitute as a power giver is to be the running waters of the country. At first glance this might appear to be a matter concerning the economist alone, but its effect upon the health of communities in certain parts of the country is worth consideration by the physician and the hygienist. Its importance has been pointed out in an interesting way by a recent article by Doctor Carter (*Public Health Reports*, December 25, 1914).

The direct relationship between water, mosquitoes, and malaria is a well recognized one, and for that reason a study of the effects of the damming of waterways is advantageous. The question which demands an answer is, whether or not a given locality will become more or less healthful, or remain unaffected, when the flow of the water is disturbed. At first glance it might appear that if a greater quantity of water is impounded, there will be greater opportunities for the breeding of mosquitoes. This is not the case, however, as it is not in deep, but in shallow water that eggs are deposited. The consequence is that places which were malarial may be rendered healthful if there is enough water to fill up the shallow areas and give an opportunity for action to the many factors that tend to keep down the propagation of the mosquito.

One of the deterrent influences is the variation in the rise and fall of the pond according to whether or not the water is being drawn off for commercial purposes. The rise during the night in one instance, during low water season, varied from nine to twelve inches to as much as two feet. These changes of elevation within a shorter time than the cycle of development of the mosquito, interfere with breeding. Many of the larvæ are left stranded, others are more exposed to destruction by fish. Likewise a pond is more easily affected by winds, and in this way fewer larvæ survive.

As a result of this investigation the conclusion drawn is, that such ponds, the older they become, the less and less suitable they will be for the breeding of mosquitoes. Instead of being a menace to the neighborhood, therefore, the indications are that the retention of water for economic uses will tend to decrease the amount of malaria in the immediate vicinity.—*N. Y. Medical Journal.*

INTERNATIONAL JOINT COMMISSION ON THE POLLUTION OF BOUNDARY WATERS.

The first report of this Commission has just been issued covering the first year of its work. The State Department of Health was invited to give testimony and advice before the Commission, and was represented at its various hearings, and in addition a member of the Laboratory staff was detailed to assist the Commission for two months in making examinations of the waters in question.

The Commission, appointed under the terms of Article IX of the treaty of January 11, 1909, between the United States and Great Britain, consists of six members, three from Canada and three from the United States, who are authorized by the two governments to report conclusions and recommendations on the following questions:

1. To what extent and by what causes and in what localities have the boundary waters between the United States and Canada been polluted so as to be injurious to the public health and unfit for domestic or other uses.

2. In what way or manner, whether by the construction and operation of suitable drainage canals or plants at convenient points or otherwise, is it possible and advisable to remedy or prevent the pollution of these waters, and by what means or arrangements can the proper construction or operation of remedial or preventive works, or a system or method of rendering these waters sanitary and suitable for domestic and other uses be best secured and maintained in order to insure the adequate protection and development of all interests involved on both sides of the boundary, and to fulfill the obligations undertaken in Article IV of the waterways treaty of January 11, 1909, between the United States and Great Britain, in which it is agreed that the waters therein defined as boundary waters and waters flowing across the boundary shall not be polluted on either side to the injury of health or property on the other?

The Commission has carefully studied the extent of pollution at various points and the remedy therefor. Extensive field work is being carried out and the Commission has installed and equipped some seventeen laboratories at convenient points along the waters to be examined. The field force engaged has consisted of thirty persons almost all of whom are scientific men. The waters bacteriologically examined extend continuously for almost 2,000 miles. The samples of these waters examined aggregate over 19,000.—*Health News, N. Y. State Bulletin.*

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., FEBRUARY, 1915.

DATE.	TEMPERATURE			Precipitation. (In inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.	
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)	
1	38	19	28	.89	Cloudy	0	Mean.....30.11; highest...30.58; date 19	
2	21	10	16	.66	Cloudy	0	Lowest .....29.31; date 25	
3	19	13	16	.06	Cloudy	0	TEMPERATURE.	
4	28	17	22	.00	Clear	93	Highest..60°; date 24; lowest....10°; date 2	
5	37	14	26	.05	Cloudy	2	Greatest daily range 23°; .....date 11	
6	52	36	44	.33	Pt. Cldy	74	Least daily range... 6°; .....date 8	
7	42	34	38	.01	Cloudy	24	Mean highest...39.5°; lowest....24.5°	
8	35	29	32	.05	Cloudy	25	MEAN FOR THIS MONTH IN	
9	30	15	22	.00	Pt. Cldy	87	1905-21° 1906-28° 1907-20° 1908-24° 1909-32°	
10	26	10	18	.00	Clear	100	1910-27° 1911-26° 1912-25° 1913-27° 1914-21°	
11	39	16	28	.00	Pt. Cldy	63	1915-32°	
12	48	34	41	T.	Cloudy	16	Mean for this month..... 32.0°	
13	39	25	32	.00	Clear	98	Normal for this month..... 27.2°	
14	41	29	35	.00	Cloudy	6	Absolute maximum for this month for 11	
15	53	36	44	.55	Cloudy	0	years..... 60°	
16	48	34	41	.08	Cloudy	14	Absolute minimum for this month for 11	
17	36	25	30	.00	Clear	95	years..... 10°	
18	33	19	26	.00	Clear	94	Average daily excess of this month as	
19	40	22	31	.00	Clear	100	compared with the normal 4.8°	
20	47	27	37	.00	Clear	100	Accumulated excess since Jan. 1 292.0°	
21	46	28	37	.00	Clear	100	Average daily excess since Jan. 1..... 5.0°	
22	49	28	38	.00	Pt. Cldy	74	PRECIPITATION.	
23	53	38	46	T.	Cloudy	43	Total this month..... 4.30	
24	60	41	50	.66	Cloudy	12	Total snowfall..... 3.0	
25	53	37	45	.96	Cloudy	15	Greatest precipitation in 24 hours 1.61,	
26	37	18	28	T.	Cloudy	9	date..... 24-25	
27	26	15	20	.00	Pt. Cldy	66	Snow on ground end of month..... 0.0	
28	29	17	23	.00	Clear	100	Normal for this month..... 3.55	
Mean	40	24	32	4.30		51	Excess (+) of this month as com-	
							pared with the normal 0.75	
							Accumulated excess (+) since Jan. 1... 2.62	
							TOTAL PRECIPITATION THIS MONTH IN	
							1905-1.79 1906-2.30 1907-2.48 1908-4.98 1909-5.47	
							1910-4.43 1911-2.64 1912-3.43 1913-2.33 1914-2.79	
							1915-4.30	
							WIND.	
							Prevailing direction N.W.	
							Total movement..... 5,097 miles	
							Average hourly velocity 7.6	
							Maximum velocity (in five minutes) 26	
							miles per hour, from S. on 6th.	
							WEATHER.	
							Number of days, clear..... 9	
							Partly cloudy..... 5	
							Cloudy..... 14	
							On which .or inch, or more, occurred.. 11	
							MISCELLANEOUS PHENOMENA	
							(dates of).	
							Halos, solar..... 11, 22	
							Halos, lunar..... none	
							Sleet..... 1, 2	
							Fog 6	

NOTE.—"T" indicates trace of precipitation.

WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 74 p. c.

WEATHER BUREAU.

19 APR 1915

New Series, Vol. 2, No. 3

Full Series, Vol. XXIX, No. 3

MARCH, 1915

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

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DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	Estimated Population.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Pox.
Total for State,	1,197,266	2,414	97	733	1,783	17.8	311	108	..
1 Ansonia,	16,140	52	1	15	21	15.6	4	3	..
2 Branford,	6,183	17	1	2	6	11.6	2	..	..
3 Bridgeport,	114,477	297	11	91	155	15.8	20	12	..
4 Bristol,	15,045	35	2	8	20	15.9	5	1	..
5 Danbury,	25,113	21	2	8	39	15.2	3	2	..
6 Derby,	9,415	36	..	7	25	29.3	12	2	..
7 East Hartford,	8,830	12	..	5	10	13.5	3	1	..
8 Enfield,	10,927	23	3	19	15	16.4	8	1	..
9 Fairfield,	6,792	11	1	1	8	14.1	2	1	..
10 Glastonbury,	5,010	12	1	1	3	7.1	..	..	..
11 Greenwich,	18,179	33	2	25	24	15.3	5	1	..
12 Groton,	6,708	14	..	3	9	16.1	..	..	..
13 Hamden,	6,339	10	..	2	9	17.0	3	..	..
14 Hartford,	106,541	279	11	78	180	15.2	40	8	..
15 Huntington,	6,934	21	..	..	10	17.3	2	2	..
16 Killingly,	6,456	17	..	10	16	29.7	..	..	..
17 Manchester,	14,857	29	1	7	17	13.7	5	..	..
18 Meriden,	33,414	65	5	14	34	12.2	3	3	..
19 Middletown,	22,054	44	1	12	34	16.3	5	3	..
20 Naugatuck,	13,594	33	..	12	14	12.3	4	..	..
21 New Britain,	50,201	143	5	44	53	12.4	11	7	..
22 New Haven,	143,836	375	19	89	241	18.2	35	22	..
23 New London,	20,503	45	3	20	42	19.3	5	2	..
24 New Milford,	5,092	7	..	3	3	7.0	..	..	..
25 Norwalk,	25,922	56	2	18	38	15.2	6	1	..
26 Norwich,	29,651	45	3	24	44	15.7	8	2	..
27 Orange,	12,982	19	..	3	15	13.9	2	..	..
28 Plainfield,	7,478	15	..	3	14	22.4	4	1	..
29 Plymouth,	5,898	11	..	2	6	12.2	3	..	..
30 Putnam,	7,253	19	..	10	13	16.5	2	..	..
31 Seymour,	5,284	15	..	3	5	11.3	4	..	..
32 Southington,	6,766	15	..	1	7	12.4	2	1	..
33 Stafford,	5,607	13	..	5	10	21.4	..	4	..
34 Stamford,	32,834	48	3	28	50	14.5	11	3	..
35 Stonington,	9,399	10	..	6	15	19.1	..	1	..
36 Stratford,	6,534	12	1	1	10	18.3	3	1	..
37 Torrington,	18,594	41	..	13	10	6.4	4	2	..
38 Vernon,	9,328	13	1	6	7	9.0	1	1	..
39 Wallingford,	12,016	21	..	2	11	11.0	2	..	..
40 Waterbury,	81,941	161	6	41	130	17.6	34	6	..
41 West Hartford,	5,456	17	..	1	23	13.2	15	4	..
42 Winchester,	9,045	17	2	5	12	15.9	3	..	..
43 Windham,	13,590	26	..	6	23	18.0	5	1	..
Total of above towns, ..	978,218	2,205	87	654	1,431	17.5	286	99	..
Towns of less than 5,000,	219,048	209	10	79	281	15.4	25	9	..
Deaths in State Inst's., ..	.....	....	..	...	71	0.7	...	...	..

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 4; in Dan-
22; in New London, 9; in Norwalk, 5; in Norwich, 5; in Putnam, 3; in Stamford, 2; in Water-
of their respective towns in estimating the death rates of those towns.

HEALTH FOR THE MONTH OF MARCH, 1915.

FOR FEBRUARY, 1915.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Group.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhoea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.
7	1	39	1	..	17	6	12	10	..	24	129	26	317	51	88	82	973
..	2	..	..	..	..	2	3	..	2	3	1	..	8
..	1	..	1	..	3
..	..	1	..	..	3	..	1	..	..	2	11	1	32	..	7	6	91
..	..	1	..	..	..	..	..	..	..	..	1	..	5	..	..	..	13
..	..	2	..	..	..	..	..	1	..	..	3	1	5	..	..	2	25
1	2	..	6	..	1	3	12
..	1	..	..	1	..	..	8
..	1	1	4	1	1	1	6
..	1	1	..	2	1	1	..	2
..	3
..	3	2	1	2	3	1	12
..	1	..	2	..	..	..	6
..	..	1	..	..	..	..	..	..	..	..	..	..	4	..	..	..	4
1	..	1	..	..	2	1	1	..	..	3	7	5	26	5	8	1	112
1	1	1	3	..	1	..	3
..	1	2	..	3	..	10
..	1	1	2	1	2	11
..	..	1	..	..	1	..	..	..	..	2	4	..	3	1	1	2	19
..	..	1	..	..	1	..	1	..	..	1	3	1	8	..	1	1	16
..	1	..	4	2	2	2	3
..	2	..	..	1	..	..	5	1	13	1	3	2	25
3	1	2	1	..	4	1	3	2	..	2	10	5	47	6	10	15	129
..	2	..	..	3	..	11	1	3	1	21
..	1	..	..	..	1	..	..	..	..	..	1
..	3	1	8	2	3	3	18
..	..	2	..	..	..	2	..	2	..	..	6	..	11	..	..	1	20
..	4	..	3	1	7
..	1	1	..	5	..	..	..	7
..	1	..	5
..	1	..	..	..	..	1	1	1	1	8
..	1	..	..	..	..	1	..	..	3	..	..	2
..	3
..	3	..	2	5
..	1	..	..	..	2	2	11	1	2	..	31
..	1	..	..	1	13
..	7	..	..	..	..	..	3
..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	5
..	1	..	1	1	..	1	7
..	..	8	..	..	..	..	..	1	..	4	8	4	19	4	4	4	74
..	3	2	..	4	..	..	..	14
..	3	..	9
..	..	1	..	..	..	..	..	..	..	..	..	..	5	3	1	2	11
6	1	22	1	..	15	5	8	10	..	22	86	26	265	42	70	62	790
1	..	15	..	..	2	1	1	..	..	2	14	..	46	9	18	17	155
..	..	2	..	..	..	..	3	..	..	..	29	..	6	..	..	3	28

bury, 7; in Derby, 3; in Hartford, 45; in Middletown, 4; in New Britain, 1; in New Haven, bury, 8; and in Windham, 2. Non-residents in these are deducted from the total mortality

VITAL STATISTICS FOR MARCH, 1915.

By mortality reports received there were 1,783 deaths during the month of March. This was 320 more than in February and 62 less than in March of last year, and 72 more than the average number of deaths during March for five years preceding.

	1915	1914	1913	1912	1911	1910
January	1,525	1,671	1,614	1,600	1,760	1,498
February	1,463	1,623	1,547	1,567	1,556	1,421
March	1,783	1,845	1,704	1,681	1,692	1,632
Total first quarter	4,771	5,139	4,865	4,848	5,008	4,551

The death rate expressed as an annual rate per 1,000 estimated population was 17.5 for the large towns, for the small towns 15.4, and for the whole state including state institutions 17.8. The deaths from infectious diseases were 210, being 11.7 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

MEASLES.—Ansonia, 1; Beacon Falls, 1; Berlin, 1; Bethlehem, 3; Branford, 9; Bridgeport, 6; Bristol, 2; Cheshire, 1; Cromwell, 8; East Haven, 5; Enfield, 2; Glastonbury, 2; Greenwich, 24; Groton (borough), 20; Haddam, 1; Hamden, 7; Hartford, 9; Huntington, 3; Lebanon, 1; Ledyard, 6; Lisbon, 4; Meriden (city), 3+; Middletown (town), 1; Milford, 3; New Britain, 1; New Haven, 122; New London, 11; North Branford, 5; Norwich (town), 13; Orange, 3; Plainfield, 2; Plainville, 1; Preston, 2; Shelton (borough), 24; Southington, 1; Stamford (city), 9; Stonington (town), 1; Waterbury, 15; Westport, 1; Wethersfield, 4; Willimantic, 3; Winsted (borough), 1.—Total, 342+ in 42 towns.

SCARLET FEVER.—Berlin, 4; Branford, 2; Bridgeport, 7; Bristol, 2; Brooklyn, 1; Cheshire, 1; Chester, 1; Colchester (town), 1; Colchester (borough), 3; Danbury (city), 4; East Hartford, 2; Enfield, 4; Fairfield, 4; Greenwich, 6; Guilford, 15; Hamden, 1; Hartford, 22; Manchester, 5; Meriden (city), 8; Milford, 1; New Britain, 2; New Haven, 37; New London, 6; Norwich (city), 1; Orange, 2; Plainfield, 2; Putnam (city), 1; Putnam (town), 4; Ridgefield, 5; Rockville (city), 4; Saybrook, 5; Simsbury, 1; South Windsor, 1; Stamford (city), 6; Stamford (town), 1; Stratford, 1; Suffield, 1; Thompson, 1; Torrington, 1; Wallingford, 8; Waterbury, 9; Westport, 1; Winchester (town), 1.—Total, 185 in 43 towns.

CEREBRO SPINAL FEVER.—Bristol, 1; Canton, 1; New Haven, 2.—Total, 4 in 3 towns.

INFANTILE PARALYSIS.—Middletown (city), 1.—Total, 1.

DIPHTHERIA AND CROUP.—Ansonia, 2; Bridgeport, 29; Bristol, 1; Danbury (city), 3; Darien, 3; Derby, 7; Ellington, 1; Enfield, 1; Farmington, 2; Groton (town), 1; Hamden, 2; Hartford, 38; Killingly, 1; Litchfield, 1; Manchester, 1; Meriden (city), 3; Middlefield, 1; Middletown (city), 4; Milford, 1; Naugatuck, 3; New Britain, 5; New Haven, 21; Norwalk, 4; Plainville, 3; Pomfret, 1; Putnam (city), 4; Saybrook, 1; Stafford Springs (borough), 4; Stratford, 2; Thomaston, 7; Torrington, 6; Wallingford, 1; Waterbury, 13; Watertown, 1; West Hartford, 1; Wethersfield, 2; Willimantic, 1; Winsted (borough), 3; Woodbridge, 1.—Total, 186 in 39 towns.

WHOOPING COUGH.—Branford, 10; Bridgeport, 2; Chatham, 2; Chester, 3; Groton (borough), 10; Hartford, 4; Litchfield, 3+; Middlebury, 1; Monroe, 1; Morris, 7; New Haven, 1; New London, 6; North Stonington, 8; Southington, 2; Sprague, 1; Stamford (city), 9; Suffield, 10; Washington, epidemic; Waterbury, 8; Watertown, epidemic; West Hartford, 1.—Total, 89+ in 21 towns.

TYPHOID FEVER.—Branford, 1; Danbury (city), 1; Derby, 2; Eastford, 3; Hartford, 2; Manchester, 2; Meriden (city), 1; Naugatuck, 1; New Britain, 4; New Haven, 8; North Stonington, 1; Orange, 1; Plainfield, 1; Putnam (city), 2; Southbury, 1; Stonington (town), 1; Torrington, 3; Wallingford, 2; Waterbury, 4.—Total, 41 in 19 towns.

TUBERCULOSIS.—Ansonia, 8; Ashford, 1; Avon, 1; Bozrah, 1; Branford, 1; Bridgeport, 37; Bristol, 1; Brookfield, 2; Brooklyn, 3; Cromwell, 1; Danbury (city), 3; Derby, 2; East Hartford, 1; Enfield, 1; Essex, 1; Farmington, 1; Glastonbury, 1; Greenwich, 3; Hartford, 24; Huntington, 1; Madison, 1; Manchester, 2; Mansfield, 1; Meriden (city), 5; Middletown (city), 3; Middletown (town), 3; Milford, 2; Naugatuck, 4; New Britain, 7; New Haven, 36; New London, 3; Norwalk, 5; Norwich, 7; Norwich (town), 2; Old Saybrook, 1; Orange, 1; Plainfield, 2; Putnam (city), 1; Rockville (city), 2; Rocky Hill, 1; Simsbury, 1; Southington, 1; Sprague, 1; Stamford (city), 10; Thompson, 1; Torrington, 1; Waterbury, 8; West Hartford, 1.—Total, 207 in 48 towns.

In addition to the above the Health Officers of 76 towns report that they have not been notified of any infectious diseases.

All the Health Officers of Hartford, Windham, Middlesex, and Tolland Counties have reported, but the Health Officers of the following towns have not reported:

New Haven County.—North Branford.

New London County.—Waterford.

Fairfield County.—New Canaan.

Litchfield County.—Goshen.

The following **DEATHS** from infectious diseases are reported by the **REGISTRARS** in towns of less than 5,000 population:

MEASLES.—Pomfret, 1.

LA GRIPPE.—Hamden, 2; Hebron, 2; North Haven, 1; Old Saybrook, 1; Pomfret, 1; Canton, 1; Cornwall, 1; Coventry, 1; Cromwell, 1; Essex, 1; Prospect, 1; Redding, 1; Thompson, 1.—Total, 15.

DIPHTHERIA.—Litchfield, 1; Suffield, 1.—Total, 2.

WHOOPING COUGH.—Windsor Locks, 1.

TUBERCULOSIS.—Ashford, 1; Brooklyn, 2; Canton, 1; Clinton, 1; East Lyme, 1; Guilford, 1; Mansfield, 1; New Canaan, 1; New Hartford, 1; Pomfret, 1; Portland, 1; Roxbury, 1; Windsor Locks, 1.—Total, 14.

The registrars of the following towns have made no report for March:—Kent, Newington, Trumbull, Voluntown.—Total, 4.

Report of Specimens examined at the Laboratory of the State Board of Health during the month of March, 1915:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	34	84		118
release	51	51	7	109
carriers	25	350		375
Typhoid	21	29	3	53
Tuberculosis	34	126		160
Malaria	1	6		7
Rabies	9	4		13
Wasserman	88	225	50	363
Glanders	8	4	1	13
Contagious Abortion	3	1		4
Gonococcus	0	1		1
Typhoid Carrier	1	0		1
Eye Culture	1	0		1
Total specimens examined				1,218
Samples of milk examined				217
" " water examined				42
Sewage and effluents examined				6
Samples of oil tested				4

THE FREE DISTRIBUTION OF ANTITOXINS.

An appropriation having been made for the purchase of antitoxins, the distribution is now resumed in accordance with the following Act recently passed by the Legislature: "The state board of health is hereby authorized to procure diphtheria antitoxin, tetanus antitoxin and vaccine lymph for the free use of the people of the state upon whom the purchase thereof would impose a financial hardship, and to distribute the same to town, city and borough health officers who shall furnish the same to such persons upon the recommendation of attending physicians." It will be noticed that the antitoxin is not as formerly to be furnished every one regardless of their financial standing, but is only for those upon whom its purchase would be a hardship.

Health officers who have not been already supplied, can make requisition on this office for such amounts as they deem necessary, due regard being had to the fact that diphtheria is usually not very prevalent during the summer months, also that the antitoxin will deteriorate during the warm weather unless kept in an ice box or some other cool place.

THE URGENT NEED OF CONTROL OF THE POLLUTION OF OUR STREAMS.

That Connecticut is behind other progressive states in the matter of controlling stream pollution is admitted by all. There is also a general admission that something should be done to prevent further contamination; however, any plan suggested for meeting the needs of the situation meets with objection from some source.

Giving the State Board of Health power to require a community to remove its sewage from a stream it may be polluting is objected to on the ground that such power may be abused, would be arbitrary or radical. Such objection would apply to any Board or Commission that has authority for the betterment of conditions. Objections are also raised by some manufacturers against any bill that looks in the direction of purifying our water courses, based upon their manifest unreadiness to make any change in the disposal of factory wastes. These objectors fail to appreciate two facts, first, that methods of disposal of wastes without contaminating the streams have been found feasible in many places, and second, that it is agreed by all that the time will come in the near future when the public will enforce its demand that sewage and factory wastes shall not pollute the streams. This demand has arisen practically all over the civilized world and it has already brought legislation in many states in this country and in Europe.

It is evident from existing conditions that at some time some one must be given power to control this evil. Progressive states have found it wise to place this power in the hands of their Boards of Health and

nowhere has the power thus vested been abused. State Boards of Health, our own as well as those of other states, are criticized for too great conservatism but practically never for being too radical.

The members of these boards are chosen by the governor presumably because they are intelligent men of good judgment and it is unreasonable to suppose that such a board will do otherwise than act in closest harmony with any community that is doing its best to meet the sewage problem. It should therefore have the power to insist upon sanitary measures in communities where there is no apparent effort toward betterment.

The demand in Connecticut is growing each year and legislation is inevitable at some time. Experience has shown that the longer the delay, the more difficult becomes the solution and more drastic the legislation. It would be less difficult and less expensive to prevent further contamination of the rivers, if done at once, than to let the increasing contamination go on a few years, when it would be very difficult and very expensive to bring them back to even the present condition of purity. The public demand is increasing and the quicker it is recognized the less will be the trouble laid up for the future.

The purpose of the bill before the Legislature will enable cities and manufacturers to so plan their waste disposal that it will not be interfered with by future legislation. It will enable the State Board to assist the communities that are trying to solve this problem, not to harm them, and at the same time to prevent further pollution, and to look toward an improvement of present conditions as fast as is feasible. In many states where such power has been given to the Board of Health, it has always been found that it is used wisely and there is no reason for believing that it would be otherwise in our state.

THE COMMON HOUSE-WELL—ITS POLLUTION AND HOW TO PREVENT IT.

P. E. BRANSFIELD, B.A. *Chemist, State Board of Health.*

A hole sunk into the earth to reach a supply of water is called a well. Broadly speaking, wells may be divided into dug wells and tubular wells, and these two types differ greatly in their relation to sanitation. In this discussion, detailed attention will be devoted only to the former type which is the most susceptible to contamination.

By a dug well is usually understood one which is shallow and lined with stone or brickwork. The diameter of dug wells is rarely less than 3 feet, and their depth ranges between 10 and 40 feet, being generally not more than 30 feet.

Because of its cheapness, convenience, fancied safety, and the ease with which it may be constructed, this type of well is a very popular source of domestic water supply. As commonly sunk, however, the

ordinary house-well is the most dangerous of all sources of water, but it may be made to yield a very satisfactory supply if properly located and constructed.

To be safe, a well must be protected from all forms of pollution, not only that which seeps through the ground but also that which enters from the surface. It is of paramount importance, therefore, to recognize the sources of contamination, how the contamination reaches the well and how it may be prevented.

The purity of the supply depends, in a large measure, upon the proper location of the well. It is common practice to locate the houses and barns on elevations for the sake of good drainage or other considerations, while the well is too often situated in the hollow, where it receives drainage contamination from these barns and other buildings located on higher ground. Again, for the sake of convenience, the well is often located close to the house, where the water from an open sink drain is emptied on the ground, near a cesspool or privy, or in the vicinity of the barnyard or hogpen, and frequently we hear of it being located in the cellar of the house. Safety demands that it be located on high ground, far removed from these and other sources of pollution. It is a difficult task, however, to convince people of danger in their own well. Especially is this true in rural communities, where the people, exhibiting disregard for the laws of modern sanitation, consider it quite superfluous to inquire as to the quality of the supply which they and their ancestors have used for years without ill effects.

Speaking generally, it may be said that there are but two types of wells which are subject to serious contamination, namely, the dug well and the well of whatever construction which derives its supply from limestone formation.

The dug well may be polluted by the penetration of polluting material through the ground into the water-bearing stratum from which the well derives its supply. This occurs when cesspools or privies are located in close proximity to the shallow well. In some localities the population has increased to such an extent that even in village communities leaching cesspools with open bottoms are not infrequently found within 10 or 12 feet of the well and sometimes even closer. The large amount of liquid reaching such receptacles gradually soaks away through the surrounding soil and mingles with the ground water below. Is it any wonder that a well which derives its supply from this same stratum never becomes dry even in times of drought? Slops and sink water thrown on the surface likewise soak into the ground and are carried downward through the soil into the water-bearing stratum. Matter leached from hen yards, from hogpens and from manure piles also enters the ground in one form or another and eventually finds its way to the underground water. These various forms of wastes contaminate the soil, and unclean soil in the vicinity of a well is dangerous.

Much of the polluted water from such sources is, however, purified by filtration in its passage through the ground and the danger of pollution of dug wells by sub-soil seepage is far less common than is popularly supposed; yet it does often occur where the supply is intercepted before it has passed through enough soil to be well purified as is commonly the case when the shallow well is located near privies, cesspools or other filth-holes, or where the intervening soil receives a constant flow of polluting material from such sources and, being overworked, ceases to act as an efficient filter and allows dangerous material to enter the well. The remedy is obvious. All privies, cesspools and the like should be removed as far as possible from the well and should be placed on a different grade.

Carelessness in regard to protection against the entrance of filthy material from the surface at or near the top is responsible for a large proportion of the contamination of dug wells. Where privies or other filth receptacles are near such wells, the surface wash and surface seepage during heavy rains may carry pollution into the well. Polluting material directly entering the well in this way is a thousandfold more dangerous than that which has had the benefit of earth filtration. The ordinary stone casing and plank covering of such wells afford but little protection against this surface pollution. The wooden tops almost invariably contain cracks through which dirt is washed by the drippings from pump or bucket into the well. Furthermore, in rural communities, much material from the stable, hogpen or barnyard is tracked about on the feet of those who use the well, some of which is from time to time scraped off on the covering to be washed into the supply by dripping water or by the next rain. This is a very dangerous type of dirt as, considering its sources, it may contain millions of germs, among which may be the germs of typhoid fever, and this disease may be transmitted to those who drink the water. Moreover, the surface soil around the top of the well often becomes saturated with all kinds of filth and this material during heavy rains is washed without any purification whatever through the cracks and crevices into the well. Unclean soil adjacent to a well is extremely dangerous. Clean soil can be had only by the proper disposal of wastes.

Another cause of pollution in dug wells not adequately protected is the entrance of small animals such as toads, rats, etc. These may not cause specific diseases, but their presence in the supply is certainly undesirable from an esthetic point of view and when in a decaying condition they may render the water unpalatable.

It will be readily seen from this, that surface pollution entering at or near the top of the well constitutes by far the most common means of well infection. If proper precautions are taken to guard against this form of contamination, the well should, in the great majority of cases, furnish a safe water, since all other kinds of pollution have a

chance of purification more or less perfect before reaching the well. It must be mentioned in passing that many perfectly good well waters are contaminated after they are brought to the surface by unsanitary handling.

Figure 1 shows clearly the usual method of pollution and even infection of wells. Filth is washed through the cracks in the plank covering and also through the crevices in the stone or brick near the top of the

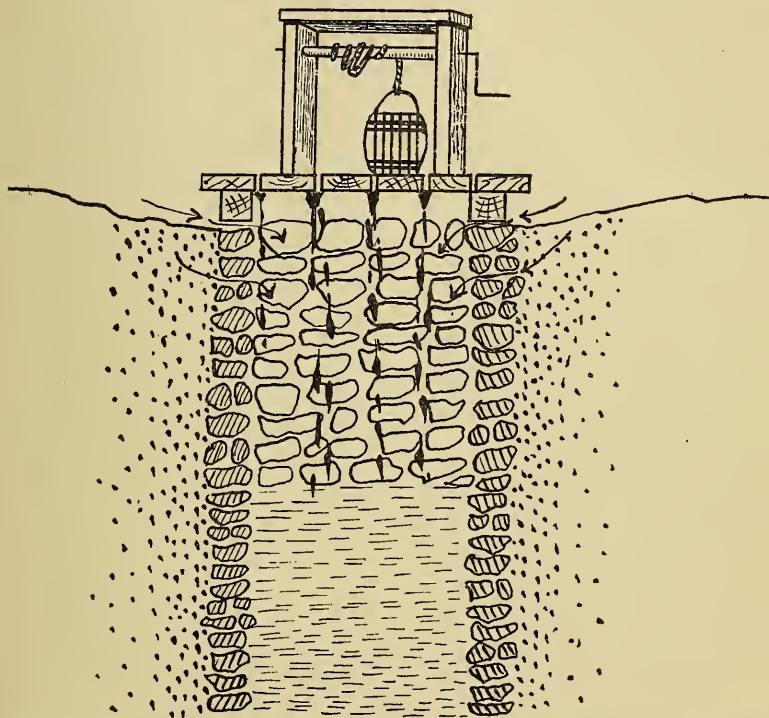


FIG. 1. This figure shows clearly the usual method by which a well is polluted. Filth is seen directly entering the well thru the cracks in the plank covering and the arrows show how surface drainage enters the well thru the crevices in the upper part of the casing.

casing. Such a well will be polluted by surface wash and surface seepage regardless of its depth.

The methods by which a well can be protected against surface contamination are comparatively few, they are inexpensive, and they insure safety in the use of the water for drinking purposes. A few brief statements will suffice to show how a shallow well may be adequately protected. The casing of the well should be sound and tight. Brick

laid in cement is preferable and this impervious casing should extend at least to the water level and as much deeper into the well as is practicable, and after it is laid the outer space between it and the earth should be filled in by well-tamped clay soil. An important point in the construction of a dug well is to extend the casing at least a foot above the surface of the ground, and around it should be placed a layer

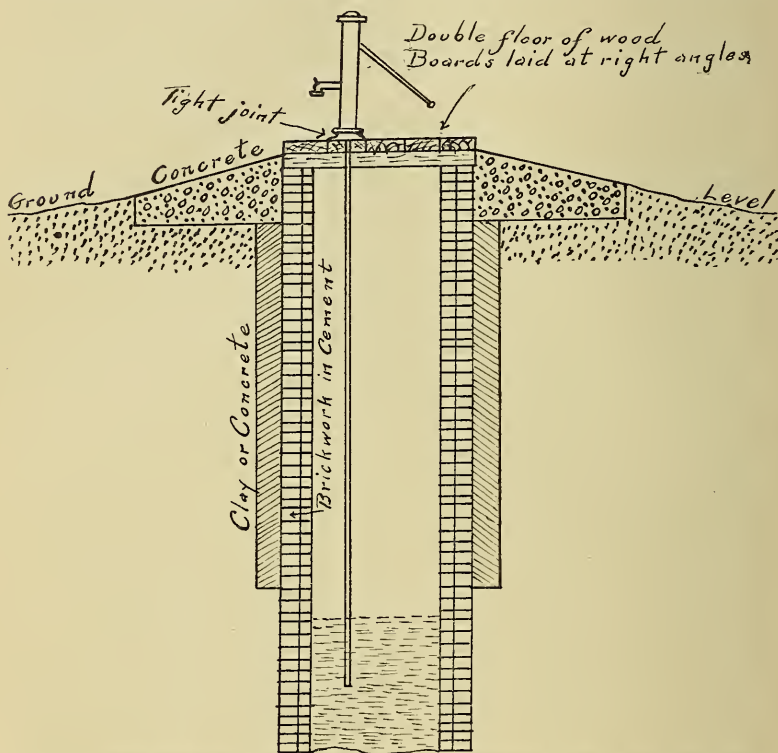


FIG. 2. This figure shows a dug well adequately protected against surface contamination. Of course, it is still possible for such a well to become contaminated by sub-soil drainage, but if privies, cesspools and the like are removed as far as possible from the well and placed on a different grade, this is not likely to happen in ordinary soils.

of concrete three or four feet wide rising nearly to the top of the casing and sloping away in all directions. This will serve to turn rain water or well drippings away from the well and little will penetrate. Over the top of the casing should be placed a watertight floor made of iron, cement or other impervious material. Cement floors afford ideal protection, but where impracticable, a double floor of wood, the boards being laid at right angles with the edges, painted with white lead, will serve

the purpose admirably. On top of this floor should be placed a pump and the opening through which it passes should be made watertight to prevent surface washings gaining entrance into the well from the floor. Figure 2 will make the explanation clearer.

Although the initial cost of properly locating and constructing a well may be considerable, a safe well is nearly always the cheapest in the long run as a well furnishing safe water is decidedly cheaper than loss of health, with its resultant cost of medical attendance, caused by impure water.

In conclusion, emphasis must be laid on the fact that the most treacherous of all wells are those in limestone rock because, by the gradually solution and removal of the limestone by the passing water, it becomes possible for the water to travel great distances through passages or fissures without undergoing any purification, since limestone, unlike sand, has no filtering action on the water. A well of whatever construction which derives its supply from limestone rock must, therefore, always be regarded with suspicion.

WATER SUPPLY AND DISEASE.

HEALTH LESSON, *N. Y. State Bulletin.*

Water supply used to be one of the commonest and most important agents in spreading disease. In communities which are careful this is no longer the case, but we still hear now and then of terrible epidemics of typhoid fever due to polluted water in those which are neglectful.

The germs of disease get into water by pollution with sewage or human excreta, and the most dangerous kind of water is a stream into which city sewers empty or into which pollution from outdoor closets may be washed in times of rain.

In large lakes where water stands and settles for a long time before it is used, disease germs gradually die out so that a lake water is usually safer than a river water. There are often wind currents, however, which may carry sewage rather quickly across even large lakes.

No surface water (lake or stream) is quite safe for drinking (since pollution may anywhere get onto the ground and be washed in by rain) except one that has been purified by filtration or disinfection. Filtration through city filters—great beds of sand—or disinfection with chlorine or hypochlorite of lime will make even a river water safe to use.

Just as a river is purified by passing it through a sand filter, so the water in an ordinary well may be made pure by passing through the soil, for if the soil is of the right kind it will strain out all harmful bacteria. Too often, however, a farm well is not protected at the top against surface drainage, and is really not a well at all, but a collection of surface drainage, and sometimes there are cracks in the soil through which pollution finds its way underground.

In a city school the children should be asked to obtain information as to the source of the public supply and the means used for making it safe. In a country school the children should be asked to report on the character of the well on their own farm, or on the school property, its location with reference to the closet or cesspool, and other sources of pollution, and the means taken for protecting it from surface wash.

RURAL SANITATION.

American Review of Reviews.

The following suggestions are offered as indicating hopeful lines of work:

"(1) The granges of the state offer the most attractive possibilities in this direction and a health officer could find pleasant and useful employment at their meetings.

"(2) There should be coöperation with the rural school superintendents and discussion of sanitary matters in the various schoolhouses.

"(3) Instruction may be given to the children of the country schools by their teachers after the latter have been properly posted by the health officer on the subjects upon which they should be informed.

"(4) The health officer can occasionally work with the pastor of the rural church, addressing the people on sanitary matters, on suitable occasions, at the church."

In all these points the department of health is only in line with the tendencies of the times when it attempts to give to rural inhabitants the same advantages with regard to public sanitation which are enjoyed by the cities.

DAINGEROUS TEETH.

By DR. CHAS. E. BANKS, *Senior Surgeon U. S. Public Health Service.*

It seems to have been an error in planning our anatomies that man is obliged to undergo the eruption and disruption of two sets of teeth before he finds dental refuge and freedom in the third and concluding set, the "store teeth" which ache not, neither do they mould. It is not possible to state accurately how many potential humans die annually in infancy while teething—that is getting their first or fraudulent temporary set, which they begin to lose as soon as it is well cut through and in place. The next few years are spent by the survivors in parting with the component parts of this set, one by one, to be replaced by the second or alleged permanent set; and during this process on dental parting one's mouth looks as if it had taken on a holiday aspect with canines, incisors and molars missing at dress parade. This second set is "permanent" only in the sense that it is a permanent nuisance to mankind. The average human being thereafter spends the remainder of his dental life wearily watching for the next and succeeding cavities to show them-

selves, occasionally laying his nerve-quivering form in a dentist's chair to stem the gradual process of disintegration. At last he hopelessly welcomes that final stage of decay which gives to his tortured jowls the appearance of the ruins of Thebes, and furnishes him an esthetic excuse for dropping these relics of a "permanent" fraud into the dentist's discard as a preliminary to the inauguration of a glorious crockery front, architecturally as even as a Philadelphia residence block.

It is not the purpose, however, of this homily to discuss an inherent weak spot in our anatomy, physiologically, biologically or as one of the mistakes of creation; nor to encourage the use of crowns, bridges or plates in the interest of the dental profession. It is written solely to ring the alarm bell for a warning as to what is going on in your system while your teeth are decaying and to call a turn on the indifference of adults to their dangers as harborers of disease. On this point the average man does not show the instinct of a potato. That tuber has at least the protective sense in the presence of the germs of blight, but the human spends his best years with a mouth partly encumbered with decaying teeth and suffers in the course of time a dozen kinds of infectious diseases, laying his ailments to the cat, sudden drafts, damp cellars, dry Martinis, over-work or defective plumbing. The real reason is defective common sense in not estimating what a decayed tooth means. It means the death of the bony structures composing it, and the peculiar germs that initiate and continue the process, including suppuration or pus germs, are hourly absorbed into the system to poison it and cause any one of a dozen diseases that usually baffle the medical adviser. The medical profession itself is not alive to the systemic dangers of decaying teeth. We certainly would not allow a diseased and decaying bone in any other part of our frame to go uncared for a single day, but we carelessly, through ignorance, allow diseased and decaying teeth to occupy the vestibule of our digestive system and suffer the products of these dying bony tissues, and pus germs from the infected adjacent gums, to be washed down or carried into our stomachs and then slowly absorbed into the blood currents. These inevitably cause, at times, dangerous types of disease like joint affections, rheumatism, migraine, septic fevers, neuritis, pus diseases of whatever variety, not to use terms too technical, after the manner of scientists.

With the cosmetic aspects of the question, we have no concern. If your teeth are implanted in your jaws on the bias and look in perspective like a neglected graveyard in an old-hill town whose stones rest at every angle, yet if sound these go-as-you-please teeth are an asset in your health account. If otherwise, be they ever so anatomically correct, they are a prolific source of disease, little appreciated by mankind or the medical profession. When you are continually beset with aches and pains and recurring attacks of mysterious ailments, think of your decayed teeth as a certain factor in the production of illness of a septic origin.—*Florida Health Notes.*

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., MARCH, 1915.

DATE.	TEMPERATURE			Precipitation. (In inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.	
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)	
1	34	20	27	.00	Clear	100	Mean.....29.83; highest..30.38; date 5	
2	42	28	35	T.	Pt. Cldy	48	Lowest .....29.53;	date 21
3	28	14	21	.00	Pt. Cldy	99	TEMPERATURE.	
4	43	14	28	.00	Clear	100	Highest..58°; date 25; lowest....14°; date 3	
5	43	24	34	.00	Pt. Cldy	83	Greatest daily range 29°;	date 4
6	41	29	35	.00	Cloudy	8	Least daily range... 8°;	date 9
7	43	31	37	T.	Cloudy	30	Mean highest...43.4°; lowest....26.1°	
8	44	28	36	.00	Clear	83	MEAN FOR THIS MONTH IN	
9	42	24	33	.00	Clear	100	1905-36° 1906-31° 1907-38° 1908-37° 1909-35°	
10	42	29	36	.00	Pt. Cldy	80	1910-42° 1911-34° 1912-34° 1913-41° 1914-35°	
11	44	30	37	.00	Clear	91	1915-35°	
12	39	24	32	.00	Clear	100	Mean for this month.....	34.8°
13	48	25	36	.00	Clear	100	Normal for this month.....	35.0°
14	44	30	37	.00	Clear	100	Absolute maximum for this month for 11	
15	44	26	35	.00	Clear	100	years.....	80°
16	45	27	36	.00	Clear	100	Absolute minimum for this month for 11	
17	40	24	32	.00	Pt. Cldy	69	years.....	7°
18	39	23	31	.00	Clear	73	Average daily excess of this month as	
19	49	27	38	.00	Clear	76	compared with the normal.....	0.2°
20	47	30	38	.00	Clear	100	Accumulated excess since Jan. 1.....	286.0°
21	43	32	38	.00	Cloudy	39	Average daily excess since Jan. 1.....	3.2°
22	47	32	40	.10	Cloudy	47	PRECIPITATION.	
23	48	32	40	.11	Cloudy	37	Total this month.....	0.29
24	54	38	46	.00	Clear	100	Total snowfall.....	1.0
25	58	35	46	T.	Pt. Cldy	82	Greatest precipitation in 24 hours 0.21,	
26	48	22	35	T.	Pt. Cldy	77	date.....	22-23
27	36	18	27	.00	Clear	100	Snow on ground end of month.....	0.0
28	48	24	36	.00	Clear	78	Normal for this month.....	4.32
29	42	26	34	.00	Pt. Cldy	66	Deficiency (—) of this month as com-	
30	32	16	24	.08	Pt. Cldy	68	pared with the normal.....	4.03
31	47	26	36	.00	Clear	100	Accumulated deficiency (—) since Jan. 1.	1.41
Mean	43	26	35	0.29		79	TOTAL PRECIPITATION THIS MONTH IN	
							1905-3.35 1906-5.02 1907-1.33 1908-3.06 1909-3.64	
							1910-0.95 1911-3.89 1912-7.29 1913-4.86 1914-4.14	
							1915-0.29	
							WIND.	
							Prevailing direction	N.W.
							Total movement.....	6,734 miles
							Average hourly velocity	9.1
							Maximum velocity (in five minutes) 32	
							miles per hour, from W. on 3rd.	
							WEATHER.	
							Number of days, clear.....	17
							Partly cloudy.....	9
							Cloudy	5
							On which .or inch, or more, occurred..	3
							MISCELLANEOUS PHENOMENA	
							(dates of).	
							Halos, solar.....	5, 8, 28
							Halos, lunar.....	none
							Sleet.....	none
							Fog	none

NOTE.—“T” indicates trace of precipitation.

WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 60 p. c.

WEATHER BUREAU.

WASHINGTON, D. C.
17 MAY 1915
APRIL, 1915

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

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DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	Estimated Population.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Fox.
Total for State,	1,230,988	2,745	109	348	1,720	16.7	251	102	..
1 Ansonia,	16,511	44	1	4	21	15.2	3	4	..
2 Branford,	6,234	18	..	..	5	9.5	2	1	..
3 Bridgeport,	119,135	292	14	39	168	16.3	27	5	..
4 Bristol,	15,624	34	1	3	12	9.2	4	1	..
5 Danbury,	25,717	41	1	6	38	14.9	4	1	..
6 Derby,	9,574	35	1	3	15	13.7	1	1	..
7 East Hartford,	9,090	30	1	3	10	13.2	..	2	..
8 Enfield,	11,380	18	..	5	7	7.3	2	1	..
9 Fairfield,	7,038	11	..	1	8	13.7	1	..	..
10 Glastonbury,	5,090	12	2	1	3	7.0	1	1	..
11 Greenwich,	18,823	40	2	7	21	12.7	..	1	..
12 Groton,	6,788	12	..	3	13	22.9	1	1	..
13 Hamden,	6,523	21	..	..	9	16.5	1	1	..
14 Hartford,	109,400	312	15	48	176	14.4	27	9	..
15 Huntington,	7,080	20	..	3	10	16.9	3	..	..
16 Killingly,	6,415	20	..	..	17	31.8	3	1	..
17 Manchester,	15,313	31	2	4	16	12.5	7	1	..
18 Meriden,	33,920	82	3	6	49	17.3	5	7	..
19 Middletown,	22,543	38	3	4	23	8.5	4	6	..
20 Naugatuck,	13,921	26	..	1	13	11.2	2	..	..
21 New Britain,	52,558	188	3	16	47	10.2	9	5	..
22 New Haven,	147,672	356	17	63	235	16.9	33	16	..
23 New London,	20,820	48	..	6	33	16.1	8	..	..
24 New Milford,	5,123	5	..	1	11	25.7	1	1	..
25 Norwalk,	26,564	45	..	14	30	13.1	9	..	..
26 Norwich,	30,189	58	..	5	58	21.0	9	5	..
27 Orange,	13,624	15	3	2	12	10.5	1	1	..
28 Plainfield,	7,762	9	..	..	10	15.4	4	..	..
29 Plymouth,	6,227	18	1	..	8	15.4	3	..	..
30 Putnam,	7,243	19	3	3	13	19.8	1	1	..
31 Seymour,	5,470	18	1	1	11	24.1	4	..	..
32 Southington,	6,860	21	1	1	11	17.4	1	1	..
33 Stafford,	5,747	7	..	2	12	25.0	2	1	..
34 Stamford,	34,334	75	7	11	44	13.6	6	1	..
35 Stonington,	9,491	15	2	4	9	11.3	3	..	..
36 Stratford,	6,842	7	..	3	9	15.7	1	3	..
37 Torrington,	19,252	59	1	..	13	8.1	6	..	..
38 Vernon,	9,419	21	..	2	4	5.0	..	..	..
39 Wallingford,	12,339	25	2	2	13	12.6	1	..	..
40 Waterbury,	85,242	193	7	7	106	13.9	22	8	..
41 West Hartford,	5,700	9	1	..	10	21.0	..	1	..
42 Winchester,	9,182	20	2	2	9	11.7	2	..	..
43 Windham,	13,960	34	..	6	24	18.0	1	2	..
Total of above towns, ..	1,007,739	2,402	97	292	1,366	16.2	225	90	..
Towns of less than 5,000,	223,249	343	12	56	263	14.1	26	12	..
Deaths in State Insts.,...	.....	.....	..	...	91	.....	...	...	...

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 5; in Dan-
in New Haven, 27; in New London, 5; in Norwalk, 1; in Norwich, 5; in Putnam, 1; in Stam-
the total mortality of their respective towns in estimating the death rates of those towns.

HEALTH FOR THE MONTH OF APRIL, 1915.

FOR MARCH, 1915.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis	Infantile Paralysis	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhoea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.	
5	7	63	3	..	15	10	11	3	1	17	123	16	329	30	98	77	912	
..	3	1	3	..	2	1	11	1
..	2	1	..	..	2	2
..	..	3	..	..	3	5	3	..	..	2	12	1	34	2	9	12	82	3
..	1	..	..	..	..	..	..	..	..	..	4	..	..	..	7	4
..	1	1	..	..	..	..	..	1	..	..	4	1	7	1	..	3	19	5
..	1	..	..	..	..	..	2	..	2	1	1	1	7	6
..	1	..	..	2	7	7
..	..	1	..	..	..	..	..	..	..	1	1	..	..	..	2	..	5	8
..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	4	9
..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	2	10
..	1	..	..	..	..	..	..	..	1	..	3	..	1	1	14	11
..	..	1	..	..	..	..	..	..	..	..	1	..	1	..	2	..	8	12
..	2	..	1	2	4	13
..	..	6	..	..	1	..	1	..	..	4	6	1	32	3	8	5	109	14
..	10	15	
..	..	2	..	..	..	2	..	..	..	1	2	..	2	1	..	2	10	16
..	1	2	..	3	..	..	8	17	
..	..	8	..	..	1	..	..	..	1	1	5	1	7	1	3	3	18	18
..	..	1	..	..	..	..	..	..	..	..	..	..	2	..	1	1	18	19
..	..	1	..	..	..	..	..	..	..	..	1	..	4	..	..	7	20	
..	..	1	..	..	..	..	..	..	..	2	2	..	11	..	3	1	27	21
2	1	4	1	..	4	..	2	1	..	1	13	3	58	2	12	11	120	22
..	1	..	7	..	1	3	21	23
..	1	..	1	1	1	2	5	24
..	1	..	..	4	..	4	1	4	1	15	25
1	..	4	1	..	..	..	1	..	..	..	4	1	12	3	4	2	25	26
..	1	2	..	1	..	8	27
..	1	..	..	3	..	..	..	6	28
..	3	..	2	..	3	29
..	..	3	..	..	..	..	..	..	..	..	..	..	1	..	2	1	6	30
..	2	..	2	..	7	31
..	1	..	3	..	1	..	6	32
..	..	1	..	..	..	..	..	..	..	1	1	..	2	1	..	..	6	33
..	1	..	1	..	..	..	..	3	2	4	..	5	1	27	34
..	1	..	..	..	..	..	1	..	1	..	..	..	6	35
..	2	..	..	..	..	..	..	..	..	..	1	..	4	..	..	..	2	36
..	..	1	..	..	..	..	..	..	..	..	3	..	2	..	1	..	6	37
..	1	..	1	..	2	38
..	..	1	..	..	..	..	..	..	..	..	3	..	3	1	..	..	5	39
2	..	3	..	..	1	1	..	..	..	1	6	1	22	1	7	5	56	40
..	1	5	..	1	1	2	41
..	1	..	2	..	1	..	5	42
..	1	..	5	1	1	1	15	43
5	4	43	3	..	11	9	9	3	1	16	84	14	268	21	80	62	733	
..	3	19	..	..	4	1	..	..	..	1	9	..	46	9	18	15	138	
..	..	1	..	..	..	..	2	..	..	..	30	2	15	..	..	..	41	

bury, 6; in Derby, 4; Greenwich, 1; in Hartford, 44; in Middletown, 7; in New Britain, 2; ford, 5; in Waterbury, 7; and in Windham, 3. Non-residents in these are deducted from

VITAL STATISTICS FOR APRIL, 1915.

By mortality reports received there were 1,720 deaths during the month of April. This was 82 less than in March and 70 more than in April of last year, and 166 more than the average number of deaths during April for the five years preceding.

	1915	1914	1913	1912	1911	1910
January	1,525	1,671	1,614	1,600	1,760	1,498
February	1,463	1,623	1,547	1,567	1,556	1,421
March	1,802	1,845	1,704	1,681	1,692	1,632
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total first quarter	4,790	5,139	4,865	4,848	5,008	4,551
April	1,720	1,650	1,507	1,428	1,679	1,505

The death rate expressed as an annual rate per 1,000 estimated population was 16.2 for the large towns, for the small towns 14.1, and for the whole state including state institutions 16.7. The deaths from infectious diseases were 229, being 13.3 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

MEASLES.—Bloomfield, 5; Branford, 8; Bridgeport, 22; Brooklyn, 3; Canaan, 5; Canton, 1; Cromwell, 2; East Haddam, "several cases"; East Hartford, 2; Enfield, 1; Greenwich, 61; Griswold, 1; Hamden, 1; Hartford, 6; Huntington, 3; Lebanon, 3; Ledyard, 1; Mansfield, 3; Meriden (city), 8; Middletown, 2; New Britain, 1; New Haven, 112; New London, 3; New Milford, 1; North Canaan, 1; North Haven, 1; North Stonington, 2; Norwich, 8; Orange, 3; Preston, 8; Putnam (city), 1; Redding, 1; Ridgefield, 5; Shelton (borough), 30; Sprague, 3; Stamford (city), 3; Stonington, 7; Tolland, 3; Torrington (borough), 12; Waterbury, 15; Waterford, 1; Westport, 1; Wethersfield, 4; Willimantic (city), 2; Woodbridge, 1; Woodstock, 8.—Total, 375+ in 46 towns.

SCARLET FEVER.—Branford, 1; Bridgeport, 7; Bristol, 1; Canton, 3; Chatham, 1; Cheshire, 1; Colchester (town), 1; Colchester (borough), 5; Colebrook, 9; Coventry, 2; Danbury (city), 3; Derby, 1; East Hartford, 5; East Haven, 2; East Windsor, 2; Enfield, 1; Greenwich, 7; Guilford, 6; Hartford, 15; Manchester, 10; Meriden (city), 4; Meriden (town), 1; New Britain, 1; New Fairfield, 3; New Haven, 65; New London, 1; Newtown, 1; Norwich (city), 3; Orange, 6; Plainfield, 1; Plymouth, 1; Putnam, 3; Ridgefield, 2; Rockville (city), 6; Salem, 2; Somers, 14; Sprague, 1; Stamford (city), 2; Stamford (town), 1; Stonington, 1; Stratford, 5; Thompson, 2; Tolland, 1; Torrington (town),

1; Torrington (borough), 2; Wallingford, 2; Waterbury, 12; Westport, 3; Willimantic (city), 1; Willington, 1; Winchester, 1.—Total, 233 in 51 towns.

CEREBRO SPINAL FEVER.—Bridgeport, 1; New Haven, 3; Southington, 1.—Total, 5 in 3 towns.

INFANTILE PARALYSIS.—Darien, 1; Hartford, 1.—Total, 2 in 2 towns.

DIPHTHERIA AND CROUP.—Ansonia, 2; Branford, 2; Bridgeport, 27; Bridgewater, 3; Brooklyn, 1; Canaan, 1; Canton, 1; Danbury (city), 4; Derby, 1; East Haven, 3; East Windsor, 2; Farmington, 2; Groton (borough), 1; Hartford, 45; Harwinton, 1; Huntington, 2; Jewett City (borough), 1; Lebanon, 1; Manchester, 2; Meriden (city), 1; Meriden (town), 2; Middletown (city), 2; Naugatuck, 2; New Britain, 5; New Haven, 16; Newington, 1; New London, 1; New Milford, 1; North Haven, 1; Norwalk (city), 1; Norwich (city), 1; Plainville, 7; Pomfret, 1; Putnam (city), 3; Salisbury, 1; Stafford, 1; Stratford, 4; Suffield, 1; Trumbull, 1; Waterbury, 5; Watertown, 1; Wethersfield, 2; Willimantic (city), 2; Winsted (borough), 2.—Total, 167 in 44 towns.

WHOOPING COUGH.—Bridgeport, 4; Bristol, 1; Cheshire, 15+; Chester, 5; Darien, 2; Farmington, 1; Granby, 6; Hamden, 2; Hartford, 2; Madison, 1; Marlborough, 2; Middlebury, 12; New Britain, 6; New Haven, 1; New London, 4; North Stonington, 2; Stamford (city), 3; Vernon, 5; Washington, "epidemic"; Waterbury, 2; Windsor, 4.—Total, 78+ in 21 towns.

TYPHOID FEVER.—Bridgeport, 1; Danbury, 1; Danielson (borough), 1; Groton, 1; Hartford, 2; Meriden (city), 2; Norfolk, 1; North Haven, 1; Norwalk (city), 1; Putnam (city), 3; Stamford (city), 1; Trumbull, 1; Wallingford, 1; Waterbury, 2; Willimantic (city), 1.—Total, 22 in 16 towns.

TUBERCULOSIS.—Ansonia, 3; Berlin, 1; Branford, 2; Bridgeport, 25; Bristol, 1; Brookfield, 2; Canterbury, 1; Canton, 1; Chaplin, 1; Danbury (city), 3; Danielson (borough), 1; Darien, 2; Derby, 3; East Lyme, 1; East Windsor, 2; Fairfield, 1; Granby, 1; Greenwich, 6; Hampton, 1; Hartford, 28; Killingly, 2; Manchester, 2; Middletown (city), 3; Middletown (town), 2; Naugatuck, 3; New Britain, 6; New Hartford, 2; New Haven, 50; New London, 1; Norwalk (city), 2; Norwich (city), 3; Plymouth, 2; Putnam (city), 1; Rockville (city), 2; Seymour, 3; Southington, 2; South Windsor, 1; Stamford (city), 4; Stamford (town), 1; Stonington, 1; Thompson, 1; Torrington (borough), 3; Wallingford, 2; Washington, 2; Waterbury, 9; Waterford, 1; Winsted (borough), 1.—Total, 198 in 47 towns.

In addition to the above the Health Officers of 62 towns report that they have not been notified of any infectious diseases.

All the Health Officers of Hartford, New Haven, New London, Fairfield, Windham, and Tolland Counties have reported, but the Health Officers of the following towns have not reported:

Litchfield County.—Goshen, Morris.

Middlesex County.—Middlefield.

The following **DEATHS** from infectious diseases are reported by the **REGISTRARS** in towns of less than 5,000 population:

SCARLET FEVER.—Colchester, 1; Colebrook, 2.—Total, 3.

LA GRIPPE.—Brooklyn, 1; Canterbury, 1; Coventry, 2; Darien, 2; East Haddam, 1; Litchfield, 1; New Hartford, 1; Norfolk, 1; North Haven, 1; North Stonington, 1; Old Saybrook, 1; Redding, 1; South Windsor, 1; Thomaston, 1; Tolland, 1; Waterford, 1; Woodstock, 1.—Total, 19.

DIPHtheria.—Brooklyn, 1; East Lyme, 1; Plainville, 2.—Total, 4.

WHOOPING COUGH.—Windsor, 1.

TUBERCULOSIS.—Darien, 1; Griswold, 1; Haddam, 1; Salisbury, 1; Sharon, 2; Simsbury, 1; Thompson, 1; Watertown, 1.—Total, 9.

The registrars of the following towns have made no report for April:—Avon, Bethany, Bloomfield, Chester, Cornwall, Ledyard, Lyme, Madison, Montville, Morris, Newtown, Portland, Somers, Suffield, Voluntown.—Total, 15.

Report of Specimens examined in the Laboratory during the month of April, 1915.

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	23	92	2	117
release	33	55	5	93
school examinations	0	91		91
Typhoid	16	31	2	49
Tuberculosis	48	107		155
Malaria	0	7		7
Rabies	9	4		13
Syphilis	71	193	54	318
Glanders	9	11		20
Contagious abortion	1	1		2
Pneumococcus	0	1		1
Gonococcus	1	2		3
Vincent's Angina	1	0		1
Total specimens examined				870
Samples of milk analyzed				283
" " water examined				36
" " sewage and effluents examined				6
" " oil tested				4

TIMELY SUGGESTIONS.

We have had occasion frequently to comment in the columns of the BULLETIN on the cause and prevention of typhoid fever and shall continue to do so, as long as the disease remains among us. Water, milk, shell fish and flies have at different times been spoken of as a means of spreading this disease. It is a significant fact that typhoid fever is most prevalent at the season of the year when flies are the most numerous. These insects breed by preference in stable manure, but when this is not readily accessible, will breed also in garbage and other filth. With cleaner streets, the better care of stables, back yards and markets, and cleaner garbage cans, the breeding places of flies will be limited and their agency in carrying the typhoid and other bacilli to the food of human beings will be very largely removed. Meanwhile the screening of our windows is not a luxury, but is as necessary as the roof on the house.

It has been stated that chronic carriers of the typhoid bacilli and the mild or walking cases exceed in number the diagnosed and reported cases. This shows the necessity of a proper disposal of all human excrement so as to prevent the access of flies. In towns with an adequate sewerage system, the privy should not be tolerated. In rural districts the privy should be constructed with a tight vault, screened and kept dark to keep out all flies. The contents should be treated frequently with a sprinkling of unslacked lime or dry loam. Chloride of lime, which is both a deodorant and disinfectant, may also be used.

Every autumn a number of cases of typhoid occur, which on investigation are found to have been contracted by people while on their summer vacation. Much of the danger from this source may be avoided by choosing a place to spend the summer where all these sanitary precautions are observed. The source of milk supply should be investigated. If it is found to come from dirty fly-infested stables, in which dirty cows are milked by dirty hands, it is best to choose some other place. Bathing at all beaches which have sewers emptying in their vicinity should be strictly avoided. Persons going to unfamiliar localities where they may be subject to the danger of typhoid infection should protect themselves by anti-typhoid vaccination. This in healthy persons is a harmless procedure and confers almost absolute immunity against infection, lasting for at least three years. Its efficiency has again been demonstrated in the present European War, as well as during the recent occupancy of Vera Cruz by the United States troops.

MOSQUITOES.

While much attention is being given to the ditching and draining of the salt marshes, it should not be forgotten that most of our city

mosquitoes breed in the locality where they are found. Wet grass, while it will attract mosquitoes, is not a breeding place. They seldom breed in large bodies of water, but prefer small pools, such as rain water that has collected in broken vessels, tin cans, rain barrels, broken bottles, badly drained roofs and leaders which permit water to collect in the sagging parts. A single old bucket or tomato can with water standing in it, is capable of furnishing sufficient mosquitoes to make the neighborhood miserable. After every rain storm householders should spend a few minutes in an inspection of their premises to see that all possible receptacles or conditions that might permit water to collect are immediately removed.

GREAT LAKES POLLUTION IS HEALTH PERIL.

Pollution of the Great Lakes and tributary rivers is becoming a serious menace to health, according to the annual report to-day of Surgeon General Rupert Blue of the public health service. He points out that about 16,000,000 passengers are carried each year over the Great Lakes, and that more than 1,600 vessels use these waters. "It becomes apparent, therefore," Dr. Blue declares, "that the inland vessels play an important rôle in the maintenance of the high typhoid fever rate in the United States.

"The degree of pollution of the Great Lakes and the rivers contributory thereto is becoming a serious question. These large bodies of water are constantly becoming more polluted, thus lessening their value as a source of water supply. Practically all of these vessels secure the water used aboard for all purposes by pumping from the lake."

It is recommended that water so taken be purified before being used for drinking purposes.

Dr. Blue details the work of the medical officers under him for the year, in eradicating plague, investigating tuberculosis, in making special inquiries into epidemics of typhoid fever and other diseases.

Public health officers who examined conditions relative to the effect on persons who come in contact with migratory consumptives, found little reason to believe that such contact has proved injurious. He points out again that investigation by American officials does not bear out the claim made by Dr. F. F. Friedmann for a specific for tuberculosis. Investigation of the Von Buck treatment for the same disease, he announces, is incomplete.

Speaking of typhoid, Dr. Blue says that although its prevalence in this country is being gradually reduced and the rate is not more than one-half what it was 30 years ago, it is still higher than for some other advanced countries. The urgent need at present is for rural sanitation. Most American cities show an appreciation of the way to deal with the typhoid.

Study of the use of drugs in this country, where anti-narcotic legislation has made statistics available, Dr. Blue says, leads to the belief that the estimate of drug users has been high and that the users of morphine and opium in this country probably do not number more than 140,000 while the number of cocaine users probably is "very much lower."—*Associated Press*.

TWENTY DAIRY SUGGESTIONS.

With Special Reference to Sanitation.

From the U. S. Department of Agriculture, Bureau of Animal Industry, Dairy Division.

THE COWS.—1. Have the herd examined at least twice a year by a skilled veterinarian. Promptly remove animals suspected of being in bad health. Never add an animal to the herd until certain it is free from disease, particularly tuberculosis.

2. Never allow a cow to be excited by fast driving, abuse, loud talking or unnecessary disturbance; do not expose her to cold or storms more than necessary.

3. Clean the entire body of the cow daily; hair in the region of the under should be kept short by clipping.

4. Do not allow any strong-flavored food, like garlic, cabbage, or turnips, to be eaten, except immediately after milking. Changes in feed should be made gradually.

5. Provide fresh, pure water in abundance, easy of access, and not too cold.

THE STABLES.—6. Dairy cattle should be kept in stables, preferably without cellar or storage loft, and where no other animals are housed.

7. The stable should be light (four square feet of glass per cow) and dry, with at least five hundred cubic feet of air space per animal. It should have air inlets and outlets, so arranged as to give good ventilation without draft of air on cows.

8. The floor should be tight and constructed preferably of cement; walls and ceilings should be tight, clean, free from cobwebs, and whitewashed twice a year. Have as few dust-catching ledges, projections, and corners as possible.

9. Allow no dust, musty or dirty litter, or strong-smelling material in the stable. Haul manure to field daily, or store under cover at least forty feet from stable. Use land plaster daily in gutter and on floor.

MILK HOUSE.—10. Have a light, clean, well-ventilated and screened milk room, located so as to be free from dust and odors.

11. Milk utensils should be made of metal, and all joints smoothly soldered. Never allow utensils to become rusty or rough inside. Use them only for handling, storing or delivering milk.

12. To clean dairy utensils, use only pure water. First rinse the utensils in warm water. Then wash inside and out in hot water in which a cleansing material has been dissolved, and rinse again. Sterilize with boiling water or steam. Then keep inverted in pure air and sun, if possible, until wanted for use.

MILKING AND HANDLING MILK.—13. Use no dry, dusty food just previous to milking.

14. The milker should wash his hands immediately before milking, and milk with dry hands. He should wear a clean outer garment, kept in a clean place when not in use. Tobacco should not be used while milking.

15. Wipe udder and surrounding parts with a clean damp cloth immediately before milking.

16. In milking be quiet, quick, clean, and thorough. Commence milking at the same hour every morning and evening, and milk the cows in the same order.

17. If any part of the milk is bloody, stringy, or unnatural in appearance, or if by accident dirt gets into the milk pail, the whole should be rejected.

18. Do not fill cans in stable. Remove the milk of each cow at once from the stable to milk room. Strain immediately through cotton flannel or cotton. Cool to 50° F. as soon as strained. Store at 50° F. or lower.

19. Never mix warm milk with that which has been cooled, and do not allow milk to freeze.

20. A person suffering from any disease, or who has been recently exposed to a contagious disease, must remain away from the cows and the milk.

SPRING FEVER AND "AMERICANITIS."

"Americanitis" has been defined as a sort of mental and physical staleness which hinders effective work, dulls the enjoyment of life and may break out at any time in most any form of recognizable disease. What is spring fever but more and worse? It takes the "pep" out of life, puts disgust in pleasure and impossibility in work. It robs a man's feeling of his self-respect and almost annihilates his supply of conceit. For the time being it reduces him to a mere heap and renders him fit for nothing but the junk pile. He hasn't enough life left in him to take the "cure" he needs. What is he to do?

The best thing to do for spring fever is to prevent it—not have it at all. For "Americanitis" or chronic spring fever, "take a walk" is the prescribed preventive, but for spring fever of March, April and May we suggest more than a walk. We advise a change of diet from the heavy winter foods of meats, pastries and gravies to a lighter diet of vegetables, fruits, etc., a laxative diet. We advise drinking plenty of water, getting eight hours regular sleep and daily exercise in the sunshine and open air.

Avoid constipation. Let tonics and bracers alone. By all means don't get down some old medical advertising book and try to diagnose your case. It makes little difference what medicine book you read, you'll find your exact case and just how many bottles it will take to make you feel "better than I have felt for years." Patent medicines usually appeal to spring fever victims, for they know that it's a stubborn fight and requires will power. They hope to get over it through an easy way—the way that requires the least exertion on their part—and that is usually to invest a dollar in some tonic or blood purifier.

Spring fever is a condition more easily to prepare for and avoid than a disease that will yield to diagnosis and treatment. It is brought about by the body's inability to adjust itself to the change from cold to warm weather. We should prepare for this change the first warm days by strictly adhering to the rules of right living.—*No. Carolina Bulletin.*

REAL PUBLIC SERVICE.

A system to protect the health of the millions of passengers that pass annually over the lines of the Pennsylvania Railroad has been instituted by the railroad company.

More than 1,100 employees in station restaurants and dining cars of the system are subjected to examinations by company physicians once a month. Last year 4,745,000 persons were fed in the company's dining cars and restaurants, and the examination of employees was ordered to protect this vast host of diners from communicable diseases. Medical inspectors will also travel over the system every thirty days to examine kitchens, cooking vessels and storerooms.

Every precaution is being taken to prevent dust reaching food intended for use in dining cars. All meats are enclosed in air-tight paper bags before they are removed from the refrigerators in the storerooms.

At its laboratories at Altoona, the railroad has careful tests made of drinking water. More than 600 analyses of water are made annually. Water showing any signs of contamination is rejected.

Particular attention is being paid to ventilation of cars. More than \$795,000 has already been expended to insure pure air for passengers. Each passenger in a full car is supplied with 1,000 cubic feet of fresh air per hour, and this with all windows and doors closed.

We hope in the near future to be able to say that all public service corporations, all manufacturers of food and all grocers, butchers and bakers will be as vigilant in sorting out the physically and morally unfit from the ranks of workers with the food supply as is this great corporation.—*Indiana Bulletin.*

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., APRIL, 1915.

DATE.	TEMPERATURE			Precipitation. (In inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.	
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)	
1	48	33	40	.00	Pt. Cldy	50	Mean.....	30.03; highest..30.54; date 22
2	48	31	40	.00	Pt. Cldy	75	Lowest	29.52; date 19
3	36	28	32	.77	Cloudy	0	TEMPERATURE.	
4	47	31	39	T.	Pt. Cldy	70	Highest..	90°; date 27; lowest....28°; date 3
5	49	28	38	.00	Pt. Cldy	71	Greatest daily range	41°; .....date 25
6	50	36	43	.15	Cloudy	8	Least daily range...	8°; .....date 3
7	51	39	45	.00	Cloudy	22	Mean highest...	63.0°; lowest....41.6°
8	64	39	52	.00	Clear	100	MEAN FOR THIS MONTH IN	
9	68	44	56	T.	Clear	86	1905-48°	1906-48° 1907-43° 1908-48° 1909-47°
10	66	46	56	.04	Cloudy	29	1910-52°	1911-46° 1912-47° 1913-50° 1914-45°
11	61	52	56	.32	Cloudy	1	1915-52°	
12	65	43	54	.02	Pt. Cldy	86	Mean for this month.....	52.3°
13	55	38	46	.00	Pt. Cldy	92	Normal for this month.....	46.7°
14	60	36	48	.00	Clear	100	Absolute maximum for this month for 11 years.....	90°
15	60	43	50	.00	Pt. Cldy	50	Absolute minimum for this month for 11 years.....	21°
16	69	37	53	.00	Clear	80	Average daily excess of this month as compared with the normal.....	5.6°
17	65	46	56	.09	Pt. Cldy	48	Accumulated excess since Jan. 1.....	454.0°
18	68	44	56	.00	Clear	100	Average daily excess since Jan. 1.....	3.8°
19	77	52	64	T.	Pt. Cldy	55	PRECIPITATION.	
20	74	56	65	T.	Clear	87	Total this month.....	1.58
21	62	43	52	.00	Clear	100	Total snowfall.....	7.5
22	59	37	48	T.	Pt. Cldy	73	Greatest precipitation in 24 hours	0.77, "
23	70	45	58	.13	Pt. Cldy	36	date.....	3
24	72	48	60	.00	Cloudy	53	Snow on ground end of month.....	0.0
25	87	46	66	.00	Clear	75	Normal for this month.....	3.57
26	80	45	62	.00	Pt. Cldy	51	Deficiency (-) of this month as compared with the normal.....	1.99
27	90	51	70	.00	Pt. Cldy	69	Accumulated deficiency (-) since Jan. 1.	3.40
28	61	46	54	T.	Cloudy	3	TOTAL PRECIPITATION THIS MONTH IN	
29	73	45	59	T.	Pt. Cldy	42	1905-2.57	1906-3.58 1907-3.24 1908-2.36 1909-7.21
30	54	42	48	.15	Cloudy	0	1910-3.15	1911-3.18 1912-3.93 1913-4.62 1914-3.84
Mean	63	42	52	1.58		57	1915-1.58	
							WIND.	
							Prevailing direction	S
							Total movement.....	6,118 miles
							Average hourly velocity	8.5
							Maximum velocity (in five minutes) 31 miles per hour, from S. W. on 12th.	
							WEATHER.	
							Number of days, clear.....	8
							Partly cloudy.....	14
							Cloudy.....	8
							On which .01 inch, or more, occurred..	7
							MISCELLANEOUS PHENOMENA (dates of).	
							Halos, solar.....	18, 22
							Halos, lunar.....	3
							Thunderstorms.....	10, 11
							Frost, heavy, 1, 13, 14, 16, 22; killing, 2, 5.	

NOTE.—"T" indicates trace of precipitation.

WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 62 p. c.

WEATHER BUREAU.

MAY, 1915

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

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DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	Estimated Population.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Pox.
Total for State,	1,230,988	2,702	103	894	1,411	13.7	212	87	..
1 Ansonia,	16,511	42	..	18	8	5.8	1	..	..
2 Branford,	6,234	18	1	1	7	13.4	3	1	..
3 Bridgeport,	119,135	305	10	116	152	14.2	26	12	..
4 Bristol,	15,624	28	3	8	13	9.9	3	1	..
5 Danbury,	25,717	46	2	20	15	6.0	2	2	..
6 Derby,	9,574	31	..	6	20	17.5	4	1	..
7 East Hartford,	9,090	11	..	10	5	6.6	..	..	..
8 Enfield,	11,380	24	1	19	10	10.5	..	..	..
9 Fairfield,	7,038	8	..	2	8	13.7	2	..	..
10 Glastonbury,	5,090	13	..	5	4	9.4	..	1	..
11 Greenwich,	18,823	41	1	17	20	11.4	3	1	..
12 Groton,	6,788	11	..	5	9	15.9	2	..	..
13 Hamden,	6,523	9	1	1	10	18.3	5	..	..
14 Hartford,	109,400	324	14	105	137	10.9	22	9	..
15 Huntington,	7,080	23	1	1	7	11.8	2	1	..
16 Killingly,	6,415	14	1	8	10	18.7	1	..	..
17 Manchester,	15,313	30	1	13	13	10.1	3	1	..
18 Meriden,	33,920	74	1	12	33	10.9	3	1	..
19 Middletown,	22,543	47	1	16	20	10.1	3	2	..
20 Naugatuck,	13,921	32	1	10	17	14.6	6	..	..
21 New Britain,	52,558	141	7	27	41	9.3	10	6	..
22 New Haven,	147,672	388	13	113	180	13.0	28	9	..
23 New London,	20,820	66	3	28	35	18.4	5	2	..
24 New Milford,	5,123	5	..	..	6	14.0	..	..	..
25 Norwalk,	26,564	36	2	15	36	15.8	3	2	..
26 Norwich,	30,189	57	3	29	46	17.0	5	3	..
27 Orange,	13,624	18	..	6	7	6.1	1	1	..
28 Plainfield,	7,762	6	..	6	6	9.2	1	1	..
29 Plymouth,	6,227	14	..	1	3	5.7	1	..	..
30 Putnam,	7,243	16	4	8	9	11.5	1	1	..
31 Seymour,	5,470	4	1	2	4	8.7	1	1	..
32 Southington,	6,860	15	..	4	4	6.9	2	1	..
33 Stafford,	5,747	5	..	4	6	12.5	1	..	..
34 Stamford,	34,334	93	5	39	46	13.2	9	1	..
35 Stonington,	9,491	9	2	2	6	7.5	..	1	..
36 Stratford,	6,842	13	1	4	3	5.2	..	1	..
37 Torrington,	19,252	44	2	22	13	8.1	1	1	..
38 Vernon,	9,419	14	1	7	5	6.3	1	1	..
39 Wallingford,	12,339	29	1	6	5	4.0	..	..	..
40 Waterbury,	85,242	174	2	55	80	10.2	16	7	..
41 West Hartford,	5,700	14	..	2	5	10.5	8	1	..
42 Winchester,	9,182	30	2	6	16	16.9	3	1	..
43 Windham,	13,960	37	2	14	30	24.0	2	2	..
Total of above towns, ..	1,007,739	2,369	90	793	1,110	13.2	190	76	..
Towns of less than 5,000,	223,249	333	13	101	220	11.8	22	11	..
Deaths in State Insts.,...	.....	.....	..	..	81	.....	.....	.....	.....

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 11; in Dan-
in New Britain, —; in New Haven, 20; in New London, 3; in Norwalk, 1; in Norwich, 3; in
residents in these are deducted from the total mortality of their respective towns in esti-

HEALTH FOR THE MONTH OF MAY, 1915.

FOR APRIL, 1915.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhoea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.
10	1	12	1	1	9	9	6	6	1	22	145	27	164	24	89	93	792
..	2	..	..	1	..	1	4
..	1	..	6
1	..	1	..	..	..	2	1	..	..	1	14	1	20	2	11	15	83
..	1	..	..	..	..	..	..	3	1	1	2	5
..	1	..	..	..	..	..	4	..	2	..	..	1	7
..	2	..	2	..	3	2	11
..	1	..	..	..	..	..	..	..	1	..	..	2	1
..	3	..	1	..	1	..	5
..	1	7
..	2	2
..	3	..	2	1	2	..	12
..	1	..	..	1	7
..	4	..	..	..	6
..	1	..	..	..	..	4	7	2	19	2	9	9	84
1	1	..	1	..	..	..	4
..	1	..	2	..	..	1	6
..	..	1	..	..	..	..	..	..	..	..	..	..	2	..	1	1	8
..	..	1	..	..	..	..	..	..	..	..	2	..	2	..	2	..	26
..	2	..	5	..	2	2	9
..	1	..	1	..	..	..	1	..	4	1	..	..	9
..	..	1	..	..	2	1	..	..	..	4	2	1	4	..	2	2	22
3	2	..	..	1	..	1	6	7	22	5	7	12	114
1	3	1	3	..	6	3	18
..	1	5
..	..	3	..	..	..	..	..	..	..	..	4	..	2	1	..	3	23
..	1	1	..	..	..	10	..	8	..	3	3	20
..	1	..	1	..	..	..	6
..	1	2	2
..	1	..	..	..	2
..	1	..	2	..	..	1	5
..	2
..	2	..	..	..	1
..	..	1	..	..	..	..	..	..	..	..	3	2	6	..	2	5	28
..	1	..	1	..	4
..	2	..	..	..	1
..	..	1	..	..	..	..	..	..	..	..	1	1	1	..	2	..	7
..	1	..	..	..	4
..	1	..	1	..	3
2	..	1	..	..	..	2	1	2	..	3	5	3	10	4	6	..	41
..	1	..	2	..	2
..	1	..	1	..	..	..	..	1	..	..	..	2	2	9
..	1	..	..	..	1	..	..	1	2	2	..	3	2	18
8	..	10	..	1	9	8	4	4	..	13	80	21	143	18	73	77	641
2	1	2	..	..	..	1	1	2	1	2	23	4	19	5	15	14	128
..	1	..	..	7	42	2	2	1	1	2	23

bury, 2; in Derby, 6; in Greenwich, 2; in Hartford, 37; in Meriden, 2; in Middletown, 1; Putnam, 2; in Stamford, 2; in Waterbury, 7; in Winchester, 3; and in Windham, 2. Non-mating the death rates of those towns.

VITAL STATISTICS FOR MAY, 1915.

By mortality reports received there were 1,411 during the month of May. This was 338 less than in April and 98 less than in May of last year, and 29 less than the average number of deaths during May for the five years preceding.

	1915	1914	1913	1912	1911	1910
January	1,525	1,671	1,614	1,600	1,760	1,498
February	1,463	1,623	1,547	1,567	1,556	1,421
March	1,803	1,845	1,704	1,681	1,692	1,632
Total first quarter	4,791	5,139	4,865	4,848	5,008	4,551
April	1,749	1,650	1,507	1,428	1,679	1,505
May	1,411	1,509	1,425	1,406	1,435	1,421

The death rate expressed as an annual rate per 1,000 estimated population was 13.2 for the large towns, for the small towns 11.8, and for the whole state including state institutions 13.7. The deaths from infectious diseases were 193, being 13.6 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

SMALL POX.—New London, 18.

MEASLES.—Ansonia, 1; Bethel, 1; Bridgeport, 38; Burlington, 1; Canaan, 2; Canton, 60+; Colchester (borough), 1; Danbury (city), 3; East Haddam, 1; Enfield, 15; Fairfield, 2; Greenwich, 71; Groton (borough), 1; Guilford, 1; Hamden, 20; Hartford, 8; Harwinton, 5; Hebron, 1; Jewett City (borough), 3; Ledyard, 2; Manchester, 2; Meriden (city), 12; Middletown (city), 1; Milford, 45; New Canaan, 1; New Haven, 105; New London, 7; North Branford, 11; North Canaan, 2; North Stonington, 2; Norwalk (city), 3; Orange, 6; Preston, 4; Putnam (city), 1; Redding "epidemic", 80+; Salisbury, "epidemic"; Scotland, "several"; Seymour, 1; Shelton (borough), 45+; Southington, 2; Sprague, 1; Stafford, 4; Stamford (city), 10; Stamford (town), 1; Stonington "epidemic", 150; Stratford, 1; Suffield, 3; Thompson, 5; Trumbull, 3; Union, 4; Wallingford, 1; Warren, 1; Waterbury, 9; Willimantic (city), 2; Woodbridge, 4; Woodbury, 2.—Total, 768+ in 56 towns.

SCARLET FEVER.—Berlin, 3; Branford, 3; Bridgeport, 6; Bristol, 1; Clinton, 1; Danbury (city), 23; East Hartford, 3; East Haven, 1; Ellington, 1; Enfield, 2; Greenwich, 4; Groton (borough), 1; Hamp-

ton, 1; Hartford, 20; Madison, 1; Meriden (city), 4; Meriden (town), 1; Naugatuck, 2; New Fairfield, 5; New Haven, 65; New London, 2; Newtown, 1; North Haven, 2; Norwalk (city), 2; Norwich (city), 6; Orange, 11; Plainfield, 3; Plymouth, 1; Rocky Hill, 1; Sprague, 2; Stamford (city), 3; Stratford, 3; Wallingford, 2; Washington, 2; Waterbury, 8; West Hartford, 1; Wethersfield, 1.—Total, 199 in 37 towns.

CEREBRO SPINAL FEVER.—Waterbury, 1.

DIPHTHERIA AND CROUP.—Bridgeport, 15; Bridgewater, 2; Bristol, 1; Danbury (city), 3; Darien, 7; Derby, 2; East Hartford, 5; East Haven, 5; Farmington, 4; Groton (borough), 1; Hartford, 28; Manchester, 1; Meriden (city), 3; Naugatuck, 8; New Britain, 16; New Haven, 37; New London, 2; New Milford, 1; North Haven, 1; Plainville, 1; Pomfret, 1; Putnam (city), 14; Putnam (town), 2; Ridgefield, 1; Shelton (borough), 2; Somers, 1; Stafford Springs (borough), 1; Thompson, 1; Waterbury, 7; Willimantic (city), 3; Woodbridge, 2.—Total, 177 in 31 towns.

WHOOPING COUGH.—Bridgeport, 4; Chatham, 2; Chester, "many"; Greenwich, 7; Hartford, 3; Marlborough, 4; New Britain, 1; New Haven, 5; New London, 1; Oxford, 4; Redding, 4; Stamford (city), 12; Stamford (town), 2; Stonington, 1; Vernon, 20+; Waterbury, 2.—Total, 72+ in 16 towns.

TYPHOID FEVER.—Ansonia, 2; Ashford, 1; Bethlehem, 2; Bridgeport, 1; Brooklyn, 1; Derby, 1; Greenwich, 1; Hartford, 1; Meriden (city), 1; Middletown (city), 2; New Haven, 5; Norwalk (city), 3; Putnam (city), 1; Stamford (city), 3; Suffield, 1; Waterbury, 2; Westbrook, 1; Willimantic (city), 1.—Total, 30 in 18 towns.

OPHTHALMIA NEMATORIUM.—Danbury (city), 1; Hartford, 4; Huntington, 1.—Total, 6 in 3 towns.

TUBERCULOSIS.—Ansonia, 5; Bloomfield, 1; Bridgeport, 28; Bristol, 1; Brookfield, 2; Brooklyn, 1; Burlington, 1; Canton, 1; Danbury (city), 7; Derby, 1; East Windsor, 1; Fairfield, 1; Groton (borough), 2; Guilford, 1; Hartford, 18; Manchester, 2; Meriden (city), 2; Meriden (town), 1; Middletown (city), 4; Middletown (town), 4; Naugatuck, 2; New Britain, 4; New Canaan, 1; New Haven, 29; New London, 3; Norwalk (city), 3; Norwich (city), 9; Norwich (town), 1; Old Saybrook, 1; Orange, 1; Plainville, 1; Plymouth, 1; Rockville (city), 1; Simsbury, 1; Stamford (city), 8; Stratford, 1; Thomaston, 1; Tolland, 1; Wallingford, 2; Washington, 2; Waterbury, 11; Westbrook, 1; Willimantic (city), 1; Winsted (borough), 1.—Total, 171 in 44 towns.

In addition to the above the Health Officers of 66 towns report that they have not been notified of any infectious diseases.

All the Health Officers of Hartford, New Haven, Fairfield, Windham, and Tolland Counties have reported, but the Health Officers of the following towns have not reported:

New London County.—Groton, Lyme.

Litchfield County.—Goshen, Kent, Torrington (town and borough), Winchester.

Middlesex County.—Middlefield.

The following DEATHS from infectious diseases are reported by the REGISTRARS in towns of less than 5,000 population:

MEASLES.—Ledyard, 1; Sprague, 1.—Total, 2.

SCARLET FEVER.—Sprague, 1.

LA GRIPPE.—Brooklyn, 1; Haddam, 1.—Total, 2.

WHOOPING COUGH.—Windsor, 1.

TYPHOID FEVER.—Bethlehem, 1; Westbrook, 1.—Total, 2.

TUBERCULOSIS.—Beacon Falls, 1; Canton, 1; Chatham, 1; Cornwall, 1; Darien, 1; East Windsor, 1; Ellington, 1; Haddam, 2; Norfolk, 1; Salisbury, 4; Sprague, 1; Suffield, 1; Trumbull, 1; Washington, 1; Westbrook, 1; Windsor, 2; Windsor Locks, 1; Wolcott, 1.—Total, 23.

The registrars of the following towns have made no report for May:—Kent, North Haven, Voluntown and Waterford. Total, 4.

Report of Specimens examined at the Laboratory of the State Board of Health During the Month of May, 1915:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	34	85	1	120
release	26	74		100
carriers	5	334		339
Typhoid	16	42		58
Tuberculosis	32	92		124
Syphilis	63	167	18	248
Malaria	4	9		13
Rabies	6	6		12
Miscellaneous				5
Total specimens examined				1,019
Samples of milk analyzed				283
“ “ water examined				32
Sewage and effluents examined				6
Oil samples examined				5

PUBLIC HEALTH LEGISLATION OF 1915.

The General Assembly, which adjourned last month, passed some excellent public health laws and improved by amendment some older laws. Among these may be mentioned:

An Act Concerning the Pollution of our Inland and Tidal Water. This act, while it does not go as far as would be desirable, marks the beginning of an important undertaking and will, it is hoped, prevent any increase of the present pollution.

An Act Concerning the Pollution of Water Supplies. This provides that no system of water supply shall hereafter be constructed until the plans thereof have been submitted to and approved by the State Board of Health. The board is empowered to make such orders as may be necessary to prevent the contamination of these supplies.

An Act Amending an Act Concerning the Appointment and Duties of School Physicians. This act makes the medical inspection of schools obligatory in all cities, towns or districts of more than ten thousand inhabitants.

An Act Concerning Town Ordinances. This permits any town to adopt ordinances or by-laws for the promotion of health and to improve the sanitary condition of dwellings, outbuildings, and premises connected therewith.

An Act Concerning Chiropody. Requiring the licensing of all chiropodists after January 1, 1916, and creating a state board of examiners.

An Act Concerning the Transportation of the Bodies of Deceased Persons. Authorizing the State Board of Health to make regulations concerning the preparation and transportation of bodies from or into any town in the state.

An Act Amending an Act Concerning the Bottling and Sale of Drinking Water. This act reduces the fee for the renewal of a license from ten to five dollars.

An Act Concerning the Sale of Narcotic Drugs. This brings the state law into harmony with the national law, known as the Harrison Act.

METHODS OF DISINFECTION.

As there has been some discussion and differences of opinion in recent years regarding the methods of disinfection to be employed after the common infectious diseases and in particular whether fumigation as commonly practiced is of any value, the views of this Board on the subject are given for the guidance of health officers.

The virus of measles, scarlet fever, diphtheria and whooping cough are contained in the secretions from the nose, throat and respiratory tract. While it is possible that the virus may leave the body in other secretions, the discharges from the nose and mouth are no doubt the

means of transmitting the infection in the large majority of cases. These diseases are usually transmitted directly from person to person and less frequently by indirect contact or by a third person. Toys, cups, spoons, handkerchiefs, towels, pencils and other objects recently contaminated with the secretions may act as carriers of the infection. It may also be conveyed by droplet infection in coughing and sneezing, although in the ordinary sense these diseases are not air-borne. The modes of transmission suggest therefore the proper management of these cases. They should be sent to a hospital specially constructed for the purpose or isolated in the household in a room by themselves, in the care of a trained attendant, who will see that all discharges from the patient are properly cared for and all infected articles at once disinfected. After the termination of the case, the room may be scrubbed, sunned and aired, and no further fumigation or disinfection is necessary.

Unfortunately these ideal conditions, where it is possible to isolate the patient are rarely to be found and the vast majority of cases must be cared for in the tenements of two, four or six rooms. It is demanded of the health officer or physician that he do something here to prevent the further spread of these infections. Although fumigation does not accomplish all that is expected of it, owing to lack of penetration of the gas, it should be used in case of some of these diseases at least until some better method of controlling them is found. In measles and whooping cough terminal fumigation may be omitted, as the germs of these diseases are frail and do not live long outside the human body, so that by the time the patients are ready to release from quarantine, there is little danger from the articles that have been infected. The virus of scarlet fever on the contrary is more resistant and it clings persistently to clothing and other articles. A terminal disinfection is therefore more important and should be employed; also after diphtheria fumigation is advisable until there is more convincing proof against it.

Formaldehyde gas should be the agent used in fumigation, generated preferably from formalin by the potassium permanganate method. It is a good germicide, is non-poisonous and does not injure fabrics. A cleansing of all surfaces with a good sunning and airing should follow its use. If the health officer considers terminal disinfection important enough to require fumigation of the premises by him, the householder is more likely to do his part in the mechanical cleaning that should take place in any event.

SCARLET FEVER.

Inquiries are frequently made regarding the management of mild cases of scarlet fever. There is no one of the infectious diseases which differs so much in the intensity of its outbreaks as scarlet fever, and the cases

at the present time are generally of the mild type. This renders the control more difficult, as the ambulatory cases with only slight symptoms are difficult to detect and may convey the disease as well as the more serious ones. Third persons may carry the disease on their clothing, or perhaps, as carriers, the same as diphtheria carriers. The specific cause of the disease is unknown, and this makes the period of isolation more or less uncertain. It is usually 30 days. The point that it is desired to emphasize is that the very mild, or even suspicious cases, those with only a sore throat or slight rash, need to be quarantined. Although this is often a hardship to the patient and his family, it must be remembered that no isolation at all is a hazard to the community. These mild cases may not require a long period of confinement, but should be isolated as long as there are any inflamed areas in the mucous membrane of the nose or throat.

MORE ABOUT FLIES.

From *Chicago Health Bulletin*.

The man who maintains a manure pile in the alley is a menace to his community.

It is said that from a single female fly in a single season, flies enough may be bred to make a string of flies long enough to reach eight times around the globe.

John Doe maintains a manure pile in the alley back of his house. He is careless and indifferent about having it removed. From that single pile of manure can come and will come flies enough to do incalculable harm to his neighbors. John Doe should be held responsible for the sickness and deaths caused by flies that come from his manure pile.

Flies are born and bred in filth. They feed largely on filth. Clean up the filth and starve the flies.

We print in this issue of the *Bulletin*, the latest method for treating manure so that it will not breed flies. Read this carefully and buy some borax.

TREATMENT OF MANURE.

According to exhaustive tests recently made by the U. S. Department of Agriculture and published in its Bulletin No. 118, it was found that the most effective agencies for the destruction of the fly larvæ were borax (sodium borate) and calcined colemanite (crude calcium borate). It is asserted that by treating stable manure with these simple chemicals,

which are easily obtained and inexpensive, fully 99 per cent of the larvæ are destroyed without in any way affecting the value of the manure for fertilizing purposes. Borax can be obtained at any drug store and usually costs about ten cents a pound. The calcined colemanite is simply the crude colemanite subjected to a high temperature long enough to reduce it to a calcinated condition.

The method of application is as follows: The chemicals are mixed in the proportions of .62 pounds of borax to .75 pounds of calcined colemanite, which would mean a little over half a pound of the borax to three-quarters of a pound of the colemanite. The quantity just named will be sufficient to treat eight bushels of manure, or about ten cubic feet, when mixed with two to three gallons of water, in which form it can be easily sprayed over the manure. Another method is using the chemicals in the same proportions and sprinkling the manure with water immediately after.

THE SUMMER CARE OF BABIES.

From pamphlet issued by the A. M. A.

THE BREAST-FED BABIES.

Breast milk is the best milk for the summer.

Breast-fed babies seldom have severe diarrhea.

If they vomit or have acute indigestion it is usually because they are fed too much or too often, or because the mother is so sick or tired out that her milk is poor.

In very hot weather the baby should nurse less often.

Give him the breast only every four hours, but give cooled boiled water freely between the nursings.

THE BOTTLE-FED BABIES.

They are much more likely to get diarrhea.

If they have diarrhea it is much more often severe.

The milk must be clean and be kept cold.

It should be boiled or pasteurized.

The bottles and rubber nipples should be boiled daily and kept very clean.

In very hot weather the baby needs less food but more to drink. His milk should therefore be diluted with boiled water and cooled boiled water given freely between feedings.

SUMMER DIARRHEA.

It is easier to prevent diarrhea than to cure it.

The important means of preventing severe diarrhea are:

1. Boil all milk in summer.
2. Dilute the baby's food in very hot spells.
3. Stop the food at once if an acute diarrhea begins.

If the movements become loose and only two or three a day, do not neglect it because the baby happens to be teething; it may mean the beginning of a serious illness.

Dilute the food with an equal amount of boiled water and give less than the usual amount at a feeding.

If the movements are more frequent and there is vomiting or fever, stop all food at once and give only boiled water, and call a doctor.

After twelve hours without food, barley water, made one tablespoonful to one pint, may be given.

Proper treatment at the beginning of a diarrheal attack is worth more than many days' treatment later.

GENERAL CARE.

The clothing in hot weather should be light and on very hot days only the shirt, band and napkin worn.

Bathe the baby morning and evening and on hot days also in the middle of the day.

Keep the skin clean and well powdered.

Napkins when soiled should be placed at once in water and washed as soon as possible.

The baby needs fresh air quite as much as fresh food.

Keep him out of doors as much as possible.

Avoid the sun on hot days.

In very hot weather take him out early in the morning and in the late afternoon and early evening.

It is often cooler in the house, with shutters closed, in the middle of the day.

Take the baby to the park, to the beach and to the country whenever you can.

AVOID INFECTION

Keep the room free from soiled clothes and rubbish.

Do not let the baby play with cats or dogs. Cats and dogs carry disease to babies.

Do not let the baby crawl around on a dirty floor or dusty carpet. Place him on a clean sheet or blanket.

Keep playthings and pacifiers out of his mouth.

Flies carry disease to babies. Screen the baby's room.

Keep flies away from the baby and his food at all times.

Cover the crib or carriage with netting to keep out the flies and mosquitoes.

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., MAY, 1915.

DATE.	TEMPERATURE			Precipitation. (In inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.	
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)	
1	54	42	48	T.	Cloudy	9	Mean.....29.91; highest...30.31; date 11	
2	59	44	52	T.	Cloudy	15	Lowest .....29.46; date 5	
3	59	44	52	.00	Cloudy	34	TEMPERATURE.	
4	61	42	52	T.	Pt. Cldy	35	Highest...78°; date 31; lowest....39°; date 27	
5	58	43	50	.19	Cloudy	11	Greatest daily range 36°; .....date 31	
6	69	47	58	.00	Pt. Cldy	66	Least daily range... 5°; .....date 17	
7	73	46	60	.38	Cloudy	32	Mean highest...65.6°; lowest ....46.1°	
8	73	56	64	.13	Pt. Cldy	51	MEAN FOR THIS MONTH IN	
9	72	49	60	.00	Clear	96	1905-59° 1906-59° 1907-53° 1908-61° 1909-58°	
10	66	45	56	.00	Clear	100	1910-58° 1911-63° 1912-60° 1913-58° 1914-61°	
11	74	51	62	.00	Clear	100	1915-56°	
12	73	53	63	.18	Cloudy	50	Mean for this month..... 55.8°	
13	71	53	62	.02	Cloudy	34	Normal for this month..... 57.5°	
14	68	45	56	.00	Clear	100	Absolute maximum for this month for 11 years	94°
15	65	44	54	.00	Clear	100	Absolute minimum for this month for 11 years.....	32°
16	57	40	48	.01	Cloudy	49	Average daily deficiency this month as compared with the normal	1.7°
17	49	44	46	.18	Cloudy	0	Accumulated excess since Jan. 1	402.0°
18	60	42	51	T.	Pt. Cldy	54	Average daily excess since Jan. 1	2.7°
19	63	42	52	.00	Pt. Cldy	90	PRECIPITATION.	
20	67	43	55	.00	Pt. Cldy	73	Total this month.....	2.53
21	56	50	53	.95	Cloudy	0	Total snowfall.....	0.0
22	74	50	62	.14	Cloudy	15	Greatest precipitation in 24 hours 1.01, date.....	21-22
23	66	54	60	.00	Pt. Cldy	89	Snow on ground end of month.....	0.0
24	64	49	56	.12	Cloudy	18	Normal for this month.....	3.54
25	77	46	62	T.	Clear	68	Deficiency (-) of this month as compared with the normal	1.01
26	61	44	52	.23	Cloudy	0	Accumulated deficiency (-) since Jan. 1.	4.41
27	61	39	50	.00	Clear	89	TOTAL PRECIPITATION THIS MONTH IN	
28	70	49	60	.00	Pt. Cldy	80	1905-1.25 1906-4.60 1907-3.35 1908-6.52 1909-1.99	
29	69	51	60	.00	Clear	73	1910-2.49 1911-1.22 1912-4.59 1913-3.99 1914-2.71	
30	66	40	53	.00	Pt. Cldy	83	1915-2.53	
31	78	42	60	.00	Clear	100	WIND.	
Mean	66	46	56	2.53		56	Prevailing direction	N. W.
							Total movement.....	5,570 miles
							Average hourly velocity	7.5
							Maximum velocity (in five minutes) 29 miles per hour, from S. E. on 29th.	
							WEATHER.	
							Number of days, clear.....	9
							Partly cloudy.....	9
							Cloudy	13
							On which .01 inch, or more, occurred..	11
							MISCELLANEOUS PHENOMENA (dates of).	
							Halos, solar.....	8
							Halos, lunar.....	none
							Thunderstorms	21
							Frost	none

NOTE.—"T" indicates trace of precipitation.

WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 66 p. c.

WEATHER BUREAU.

JUNE, 1915

17 JUL 1915

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

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Louis J. Pons, M.D., Milford
J. Frederick Jackson, C.E., Hamden

Joseph H. Townsend, M.D., Secretary

DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	Estimated Population.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Pox.
Total for State,	1,230,988	2,604	91	940	1,290	12.5	212	78	..
1 Ansonia,.....	16,511	46	3	25	9	6.5	2	1	..
2 Branford,.....	6,234	7	..	4	6	11.5	..	1	..
3 Bridgeport,.....	119,135	305	13	125	143	14.1	26	11	..
4 Bristol,.....	15,624	30	2	13	6	4.8	..	1	..
5 Danbury,.....	25,717	24	1	8	28	11.1	2	2	..
6 Derby,.....	9,574	31	1	7	12	11.2	2	1	..
7 East Hartford,.....	9,090	21	1	3	9	11.8	3	..	..
8 Enfield,.....	11,380	34	3	10	12	12.6	2	2	..
9 Fairfield,.....	7,038	19	..	2	5	8.5	..	1	..
10 Glastonbury,.....	5,090	9	..	3	5	11.7	1	..	..
11 Greenwich,.....	18,823	39	..	11	22	12.1	2	..	..
12 Groton,.....	6,788	9	1	5	9	15.9	1	..	..
13 Hamden,.....	6,523	16	1	2	7	12.8	3	1	..
14 Hartford,.....	109,400	313	5	113	151	12.7	18	5	..
15 Huntington,.....	7,080	10	..	5	7	11.8	1	1	..
16 Killingly,.....	6,415	9	..	7	7	13.0	..	..	..
17 Manchester,.....	15,313	18	..	14	9	7.0	4	..	..
18 Meriden,.....	33,920	78	4	17	40	14.1	4	1	..
19 Middletown,.....	22,543	38	..	20	16	7.9	1	4	..
20 Naugatuck,.....	13,921	29	..	10	9	7.7	3	1	..
21 New Britain,.....	52,558	141	6	72	37	7.9	9	7	..
22 New Haven,.....	147,672	384	15	116	174	13.0	32	11	..
23 New London,.....	20,820	60	1	19	25	13.2	5	..	..
24 New Milford,.....	5,123	10	1	1	..	..	..	..	..
25 Norwalk,.....	26,564	36	1	17	28	10.8	1	2	..
26 Norwich,.....	30,189	51	2	25	37	13.9	5	4	..
27 Orange,.....	13,624	17	..	2	13	11.4	13	1	..
28 Plainfield,.....	7,762	20	..	6	8	12.3	3	..	..
29 Plymouth,.....	6,227	6	..	4	4	7.7	2	..	..
30 Putnam,.....	7,243	15	1	19	11	16.5	2	1	..
31 Seymour,.....	5,470	14	..	4	4	8.7	1	..	..
32 Southington,.....	6,860	16	..	2	9	15.7	..	..	..
33 Stafford,.....	5,747	7	..	4	5	10.4	..	1	..
34 Stamford,.....	34,334	70	6	25	30	9.4	4	1	..
35 Stonington,.....	9,491	16	..	8	10	10.2	..	..	..
36 Stratford,.....	6,842	20	1	3	7	12.2	1	..	..
37 Torrington,.....	19,252	40	2	8	10	6.2	3	2	..
38 Vernon,.....	9,419	25	1	6	5	6.3	2	..	..
39 Wallingford,.....	12,339	25	..	6	11	10.6	3	..	..
40 Waterbury,.....	85,242	154	7	70	85	11.1	26	9	..
41 West Hartford,.....	5,700	2	..	..	5	10.5	4	..	..
42 Winchester,.....	9,182	26	1	7	15	15.6	3	2	..
43 Windham,.....	13,960	26	..	16	14	9.4	1	..	..
Total of above towns, ..	1,007,739	2,266	80	849	1,059	12.6	195	74	..
Towns of less than 5,000,	223,249	338	11	91	184	9.9	17	4	..
Deaths in State Insts.,...	.....	.....	..	..	47	.....	.....	.....	.....

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 3; in Dan-
in New Britain, 2; in New Haven, 14; in New London, 2; in Norwalk, 4; in Norwich, 2; in
residents in these are deducted from the total mortality of their respective towns in esti-

HEALTH FOR THE MONTH OF JUNE, 1915.

FOR MAY, 1915.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhoea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.
8	6	6	5	..	11	7	6	7	3	48	126	20	104	17	96	98	722
..	1	..	..	..	..	..	1	7
..	1	..	1	..	4
3	..	1	2	..	3	..	1	..	..	6	14	2	15	2	8	8	78
..	1	..	..	1	..	..	..	..	4	1
..	2	1	..	..	..	..	..	..	..	..	3	..	1	..	2	..	18
..	1	..	..	..	..	..	2	..	..	1	2	1	5
..	1	..	1	..	1	1	5
..	1	..	..	..	1	1	..	1	..	..	2	6
..	1	..	1	..	..	1	4
..	1	1	..	..	..	..	3
..	2	..	1	..	1	2	16
..	2	..	2	..	..	..	5
1	1	..	..	..	..	..	..	..	5
..	..	1	..	..	..	..	2	1	..	6	5	..	20	..	16	17	83
..	1	..	1	..	..	1	4
..	1	..	..	..	1	1	4
..	1	..	..	..	..	..	2	..	1	..	..	1	4
..	..	2	..	..	..	..	..	..	1	..	3	..	..	2	6	2	24
..	1	..	..	..	1	5	..	..	..	9
..	1	..	..	..	..	1	2	1	..	..	..	1	3
..	2	..	..	..	..	3	2	..	2	..	3	3	22
1	1	..	2	..	2	..	1	1	..	11	9	6	8	1	16	12	103
..	1	1	..	3	..	4	1	15
..
..	..	1	..	..	..	..	..	..	..	1	2	..	1	1	2	4	16
1	2	..	1	4	1	4	1	1	2	20
..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	3	1	8
..	1	..	..	6	28
..	2	..	..	1	..	1	..	..	1	1	..	1	4
..	1	..	..	..	..	..	..	1	1	..	1	31
..	1	..	..	..	..	..	..	..	..	..	1	1	..	..	..	3	32
..	1	..	2	..	1	..	1
..	1	..	..	..	..	4	..	1	1	2	3	18
1	1	..	..	..	1	6	35
..	2	..	..	..	..	..	5
..	1	2	1	..	..	..	1	5
..	2	..	..	..	3
..	3	..	1	..	1	1	5
..	1	..	1	..	..	..	1	9	7	1	11	3	6	6	39
..	2	..	1	1	..	..	..	1
..	1	..	1	..	2	11	42
..	1	1	1	..	1	2	8
7	5	6	5	..	10	6	4	7	3	45	82	17	93	13	82	84	590
1	1	..	..	..	1	1	1	..	..	3	13	3	10	4	14	14	118
..	1	..	..	..	..	31	..	1	..	..	..	14

bury, 4; in Derby, 3; in Greenwich, 3; in Hartford, 35; in Meriden, —; in Middletown, 1; Putnam, 1; in Stamford, 3; in Waterbury, 6; in Winchester, 3; and in Windham, 3. Non-mating the death rates of those towns.

VITAL STATISTICS FOR JUNE, 1915.

By mortality reports received there were 1,290 deaths during the month of June. This was 128 less than in May and 57 more than in June of last year, and 31 more than the average number of deaths during June for the five years preceding.

	1915	1914	1913	1912	1911	1910
January	1,525	1,671	1,614	1,600	1,760	1,498
February	1,463	1,623	1,547	1,567	1,556	1,421
March	1,803	1,845	1,704	1,681	1,692	1,632
Total first quarter	4,791	5,139	4,865	4,848	5,008	4,551
April	1,749	1,650	1,507	1,428	1,679	1,505
May	1,418	1,509	1,425	1,406	1,435	1,421
June	1,290	1,233	1,408	1,213	1,175	1,266
Total second quarter	4,457	4,392	4,340	4,047	4,289	4,192

The death rate expressed as an annual rate per 1,000 estimated population was 12.6 for the large towns, for the small towns 9.9, and for the whole state including state institutions 12.5. The deaths from infectious diseases were 176, being 13.6 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

SMALL POX.—Canterbury, 1; New London, 1; Waterford, 1.—Total, 3 in 3 towns.

MEASLES.—Barkhamsted, 2; Branford, 3; Bridgeport, 11; Bristol, 6; Burlington, 1; Canton, 25; Colchester (borough), 1; Columbia, 1; Danielson (borough), 1; East Haddam, 3; East Hartford, 1; Easton, 3; Enfield, 14; Fairfield, 2; Farmington, 3; Greenwich, 59; Groton (town), 4; Groton (borough), 1; Hamden, 16; Hartford, 13; Huntington, 3; Jewett City (borough), 1; Madison, 3; Mansfield, 1; Milford, 118+; Monroe, 5; New Haven, 78; New London, 9; North Branford, 26; North Haven, 5; Norwalk (city), 10; Norwich, 1; Orange, 1; Plainville, 40+; Plymouth, 1; Redding, 25; Salisbury, 4; Sharon, 3; Shelton (borough), 50 ("estimated"); Stafford, 13; Stafford Springs (borough), 1; Stamford (town), 1; Stonington (town), 113; Stonington (borough), 6; Stratford, 8; Suffield, 3; Thompson, 5; Trumbull, 1; Wallingford, 1; Waterbury, 3; West Hartford, 6; Weston, 1; Willimantic (city), 6; Wilton, 2.—Total, 724+ in 55 towns.

SCARLET FEVER.—Bridgeport, 10; Brookfield, 2; Danbury (city), 13; Danbury (town), 2; East Hartford, 2; East Haven, 1; Enfield, 1; Greenwich, 3; Hartford, 15; Manchester, 3; Meriden (city), 1; Meri-

den (town), 2; Middletown (city), 1; Milford, 1; Naugatuck, 2; New Fairfield, 1; New Haven, 32; New London, 4; Norwich (city), 2; Orange, 11; Plainfield, 1; Putnam (city), 3; Rockville (city), 1; Shelton (borough), 1; Somers, 1; Southington, 3; South Windsor, 4; Sprague, 2; Stamford, 3; Wallingford, 1; Waterbury, 7; Westport, 1; Willimantic (city), 2; Winsted (borough), 1.—Total, 140 in 34 towns.

CEREBRO-SPINAL FEVER.—Bridgeport, 3; Coventry, 2; Waterbury, 1.—Total, 6 in 3 towns.

DIPHTHERIA AND CROUP.—Beacon Falls, 1; Bethel, 2; Bridgeport, 32; Brooklyn, 2; Danbury (city), 2; Darien, 5; Derby, 4; East Haven, 2; East Lyme, 1; Glastonbury, 1; Greenwich, 3; Hartford, 29; Manchester, 1; Middletown (city), 1; Naugatuck, 7; New Britain, 2; New Canaan, 1; New Haven, 19; Newington, 1; New London, 5; North Branford, 1; Norwalk (city), 5; Norwich (city), 3; Plainfield, 1; Plainville, 1; Plymouth, 1; Putnam (city), 7; Rockville (city), 2; Stafford Springs (borough), 9; Stamford (city), 2; Sterling, 1; Stonington (town), 1; Stonington (borough), 1; Thomaston, 1; Tolland, 1; Waterbury, 3; West Hartford, 1; Woodbridge, 2.—Total, 164 in 38 towns.

WHOOPING COUGH.—Bridgeport, 1; Chester, "a few"; Greenwich, 7; Hartford, 2; Manchester, 2; Marlborough, 2; Middlefield, 7; New Britain, 6; New Haven, 6; New London, 3; Rockville (city), 10; Saybrook, 1; Seymour, 10; Stamford (city), 2; Stonington (town), 3; Waterbury, 1; Wethersfield, 2.—Total, 65+ in 17 towns.

TYPHOID FEVER.—Ansonia, 1; Bozrah, 1; Bridgeport, 2; Bristol, 1; Danbury (city), 1; East Haddam, 1; East Hartford, 1; Greenwich, 4; Griswold, 1; Groton (borough), 1; Hartford, 2; Litchfield, 1; Middletown (city), 1; New Haven*, 11; New London, 3; North Stonington, 1; Norwalk (city), 3; Norwich (city), 14; Orange, 1; Redding, 1; Sharon, 1; Shelton (borough), 1; Somers, 1; Waterbury, 7; Windham, 1.—Total, 63 in 25 towns.

OPHTHALMIA NEONATORUM.—Danbury (city), 1; Ellington, 1; Rockville (city), 1.—Total, 3 in 3 towns.

TUBERCULOSIS.—Ansonia, 3; Bozrah, 1; Bridgeport, 19; Bristol, 2; Brookfield, 2; Canaan, 1; Colchester, 1; Coventry, 1; Danbury (city), 6; Derby, 1; East Haven, 1; Enfield, 1; Glastonbury, 1; Greenwich, 4; Guilford, 1; Hartford, 22; Manchester, 2; Meriden (city), 13; Meriden (town), 1; Middlefield, 1; Middletown (city), 3; Middletown (town), 1; Naugatuck, 5; New Britain, 7; New Haven, 44; New London, 4; Norwalk (city), 1; Norwich (city), 6; Plainfield, 1;

* Four non-residents in hospital.

Plymouth, 2; Preston, 12; Rockville (city), 1; Shelton (borough), 1; Stafford Springs (borough), 1; Stamford (city), 12; Stamford (town), 1; Stonington, 1; Thomaston, 1; Trumbull, 2; Wallingford, 2; Waterbury, 8; Westbrook, 1; Westport, 1; Winsted (borough), 2.—Total, 204 in 45 towns.

In addition to the above the Health Officers of 63 towns report that they have not been notified of any infectious diseases.

All the Health Officers of New Haven, New London, Fairfield, Windham, and Tolland Counties have reported, but the Health Officers of the following towns have not reported:

Hartford County.—Simsbury.

Litchfield County.—Roxbury, Torrington, Warren, Woodbury.

Middlesex County.—Chatham.

The following DEATHS from infectious diseases are reported by the REGISTRARS in towns of less than 5,000 population:

MEASLES.—Canton, 1.

SCARLET FEVER.—New Fairfield, 1.

DIPHTHERIA.—Brooklyn, 1.

WHOOPING COUGH.—Beacon Falls, 1.

TUBERCULOSIS.—Burlington, 1; Canton, 2; East Haven, 1; Madison, 1; Milford, 2; New Canaan, 1; New Hartford, 1; Saybrook, 1; Thompson, 1; Trumbull, 1; Windsor, 1.—Total, 13.

The registrars of the following towns have made no report for June:—

Cornwall, Kent, Mansfield, Newtown, Redding, Voluntown, Waterford and Westbrook.—Total, 8.

Report of Specimens examined at the Laboratory of the State Board of Health during the month of June, 1915:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	31	65		96
release	31	66		97
carriers	2	191		193
Tuberculosis	27	103		130
Typhoid	16	45		61
Syphilis	58	121	29	208
Glanders	8	8	2	18
Malaria	2	8	1	11
Rabies	5	7		12
Total specimens examined				826
Samples of milk analyzed				330
" " water examined				50
Sewage and effluents examined				6
Oil samples examined				3

THE NEW ANTITOXIN LAW.

The new antitoxin law, in accordance with which antitoxins will hereafter be distributed, is as follows:

"The state board of health is hereby authorized to procure diphtheria antitoxin, tetanus antitoxin, and vaccine lymph for the free use of people of the state upon whom the purchase thereof would impose a financial hardship, and to distribute the same to town, city and borough health officers who shall furnish the same to such persons upon recommendation of attending physicians."

The Lederle Laboratories of New York will furnish the antitoxins for the next two years.

MILK BOTTLES.

We have occasional inquiries as to whether there is a law against using the regulation milk bottle for other ingredients, and one summer resident of the state writes that he has repeatedly had turpentine and such things delivered to him from the local grocery stores in milk bottles and had recently received a milk bottle full of denatured alcohol with regulation paper milk-bottle cover. This is most decidedly unlawful. Any use of a milk bottle for a purpose other than that for which it was intended is strictly prohibited, the statute reading as follows:

"No person shall, by himself, or by his servant or agent, or as the servant or agent of any other person, firm, or corporation having custody of any can, jar, bottle, measure, or other vessel used as a container for milk intended for sale, place or cause or permit to be placed therein any offal, swill, kerosene, or vegetable matter, or any article other than milk, skimmed milk, buttermilk, or cream, or water or other agent used for cleansing such can, jar, bottle, measure, or other vessel.

"No person shall, by himself, or by his servant or agent, or as the servant or agent of any other person, firm, or corporation, send, ship, return, or deliver, or cause to permit to be sent, shipped, returned, or delivered to any producer of milk, any can, jar, bottle, measure, or other vessel used as a container for milk, containing any offal, swill, kerosene, vegetable matter, rotten or putrid milk, or any other offensive material.

"Every person who shall violate any provision of this act shall be fined seven dollars for each offense."

CANCER.

Interest in the subject of cancer has been accelerated in New England by recent figures of the Census Bureau, which show a higher death-rate

from cancer in New England than in any other group of states. While these figures are to be interpreted in the light of the fact that there are more people proportionately of advanced age in New England than in any other region, it is nevertheless true that in 1913, all the New England states had individually a higher cancer death-rate than the rate for the entire registration area of the United States. Connecticut's rate, the lowest in New England, was 85.1 per 100,000 of population; Vermont's, the highest, was 111.7. Cancer can be completely cured by a surgical operation in many cases if taken in time, but is rarely curable by other means, or later on in its course. If neglected and not removed in its early stages it is practically always fatal. To bring about generally the early recognition and competent treatment of the disease, the assistance both of the public and the medical profession is necessary. Dr. Childe, an eminent English surgeon, believes that if the following information were promptly acted upon the result would be a saving of great numbers of lives which are at present unnecessarily sacrificed:

1. Cancer, in its early and curable stage, gives rise to no pain or symptom of ill health whatever.

2. Nevertheless, in its commonest situations, the signs of it in its early stage are conspicuously manifest. To witness:

3. In case of any swelling occurring in the breast of a woman after 40 years of age, a medical man should be at once consulted. A large proportion of such swellings are cancer.

4. Any bleeding, however trivial, occurring after the change of life frequently means cancer, and cancer which is then curable. If neglected till pain occurs, it means cancer which is almost always incurable.

5. Any irregular bleeding occurring at the change of life should invariably be submitted to a physician's investigation. It is not the natural method of the onset of the change of life, and in a large number of cases means commencing cancer.

6. Any wart or sore occurring spontaneously on the lower lip in a man over 45 years of age is almost certainly cancer. If removed at once the cure is certain; if neglected the result is inevitably fatal.

7. Any sore or swelling occurring on the tongue or inside of the mouth in a man after 45 years of age should be submitted to investigation without a moment's delay, and the decision at once arrived at by an expert microscopical examination, whether it is cancer or not. A very large proportion of such sores or swelling occurring at this time of life is cancer, and if neglected for only a few weeks the result is almost inevitably fatal. If removed at once the prospect of cure is good.

8. Any bleeding occurring from the bowel after 45 years of age, commonly supposed by the public to be "piles," should be submitted to investigation at once. A proportion of such cases is cancer, which at this stage is perfectly curable.

9. When warts, moles or other growths on the skin are exposed to constant irritation they should be immediately removed. A large number of them, if neglected, terminates in cancer.

10. Avoid irritation of the tongue and cheek by broken, jagged teeth, and of the lower lip by clay pipes. Many of these irritations, if neglected, terminate in cancer.

TYPHOID FEVER AMONG THE ENGLISH TROOPS.

Captain Harry Morel, of the Canadian Army Medical Corps, who is now in charge of the inoculation depot at Tidworth Barracks, England, speaks most highly of the benefits derived from anti-typhoid inoculation. It seems remarkable that the sick rate of the English troops is only three per cent., indeed lower than in some of the home garrisons. This is due largely to the absence of typhoid fever. In the Boer war more men died of typhoid fever than of other diseases combined; this disease caused more deaths than bullets. Nearly all of the soldiers engaged in the present campaign have been inoculated and not a single man protected by inoculation has died of typhoid fever.

"Of the 421 cases of typhoid in the present campaign among British troops, 305 cases were in men who were not inoculated within two years. In the 421 cases there have been 35 deaths. Of these deaths, 34 were men who had not been inoculated within two years. Only one death occurred among patients who were inoculated, and that man had only been inoculated once, instead of the proper number of times—namely, twice.

"From all these favorable reports it is quite likely that inoculation against typhoid fever will be made compulsory in the British as it has been in the United States army since 1910."—*Public Health Journal*, May, 1915.

THE MODE OF INFECTION IN INFANTILE PARALYSIS.

The belief that this disease is carried by the stable fly is general and is based wholly upon an imperfect experimental foundation which has now been largely disproved, according to Dr. Simon Flexner. It will be remembered that Dr. M. J. Rosenau announced in 1912 that he had succeeded in transferring experimental poliomyelitis from diseased to healthy monkeys through the medium of the stable fly. This experiment was confirmed soon after by Anderson and Frost but they, as well as many other investigators, have failed to repeat the experiment successfully since that time. It is difficult to explain these early experiments and it is certain that danger of infection from this source is slight.

The fact has since come to light that there are walking or ambulatory cases of poliomyelitis and the author brings evidence to show that the microbic agent of the disease is carried in the nasal and buccal secre-

tions of persons, and communicated by them in such manner as to gain access to the upper respiratory mucous membranes of other persons who acquire the infection and develop the disease. This should not cause undue alarm, for the carriers are not more numerous in this disease than in many other infections of common occurrence.

The virus or microbic agent of epidemic poliomyelitis has been cultivated by Doctor Flexner and Doctor Noguchi. It consists of minute globular bodies capable of being distinctly viewed under a high power of the microscope.—*American Journal of Diseases of Children*, May, 1915.

INFANT FEEDING.

There is no perfect substitute for breast milk.

Clean fresh cow's milk properly modified is the best substitute available.

Patent foods should be avoided; they are not fresh; they are expensive, and the babies fed on them are more liable to be sick than those fed on cow's milk.

CARE OF THE MILK.

Buy only clean milk, from a clean milkman and keep it clean in your home.

Buy for the baby the freshest milk you can get, but not the richest milk.

If possible, only milk delivered in bottles should be used.

Dipped milk is never clean and never quite safe; dirt and flies are likely to get into it.

If such milk is used, it should always be kept covered.

When received, the milk should be put immediately on ice and kept there. Warm milk readily spoils and spoiled milk will make the baby sick.

One should never leave an open pitcher out of doors for the milkman to pour milk into.

One should never allow milk to stand about the house in open vessels nor on the steps in the sun.

Not only the bottles and dishes used, but the hands of the mother should be very clean before preparing the milk.

New rubber nipples should be boiled. All nipples after using should be carefully washed in soap and water and kept covered in a glass containing boric acid or baking soda and water. They should be rinsed before using.

Bottles should be rinsed when emptied and then kept filled with water. Before preparing the food for the day they should be thoroughly washed with hot suds and placed for ten minutes in boiling water.

During the summer the milk should always be boiled or pasteurized. Boiling milk kills the germs and makes the milk safer.

In preparing the milk for the baby it is easier to fix the entire supply for the day at one time. The proper quantity for each feeding is put in a separate bottle.

The milk may be pasteurized by placing these bottles in a deep saucepan filled with cold water and left on the stove until the water boils. Then remove from the stove to a table and allow the bottles of milk to stand in the hot water for twenty minutes. Then cool by placing them in cold water, afterwards putting them on ice. Rapid cooling is of great importance.

When milk is boiled, this should be done in the separate feeding bottles after it is prepared.

A HOME-MADE ICE BOX.

This may be made as follows: Get from your grocer a deep box about 18 inches square and put 3 inches of sawdust in the bottom. Place two pails in this box, one, a smaller pail, inside the other, and fill the space between the outer pail and the box with sawdust. The nursing bottles filled with milk are placed in the inner pail. This pail is then filled with cracked ice which surrounds the bottles. The inner pail should have a tin cover. Nail several thicknesses of newspaper on the under surface of the cover of the box. This ice-box should be kept covered and in a shady, cool place. The water from melted ice should be poured off and the ice renewed at least once each day.—From *A. M. A. Pamphlet*.

DON'T

Blame the milk dealer for all of the milk faults unless your acts are free from criticism.

If milk sours, have you kept it iced?

If the milk is dirty, have you kept it free from dust and in clean vessels?

If the milk bottle is dirty, it is probably due to the fact that a consumer has used it for something other than milk. Are you so misusing these containers?

Do you return all milk bottles daily to the dealer? If not, get the habit.

Cleanliness in milk production means added expense. Are you willing to pay to have cow dung kept out of milk? If not, the fault is yours.

—*Boston Health Bulletin*.

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., JUNE, 1915.

DATE.	TEMPERATURE			Precipitation. (In inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.	
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)	
1	84	54	69	.00	Clear	91	Mean.....	30.01; highest..30.25; date 28
2	64	45	54	.00	Cloudy	55	Lowest.....	.29 02; date 23
3	65	43	54	.00	Cloudy	56	TEMPERATURE.	
4	74	44	59	.00	Pt. Cldy	72	Highest..88°; date 14; lowest....43°; date 3	
5	74	50	62	.00	Pt. Cldy	62	Greatest daily range 31°; .....date 28	
6	72	54	63	.01	Cloudy	24	Least daily range... 8°; .....date 15	
7	80	58	69	.15	Cloudy	39	Mean highest...76.2°; lowest....55.7°	
8	76	60	68	.03	Pt. Cldy	45	MEAN FOR THIS MONTH IN	
9	80	56	68	.00	Pt. Cldy	66	1905-66°	1906-68° 1907-65° 1908-70° 1909-68°
10	73	57	65	.00	Clear	83	1910-66°	1911-67° 1912-67° 1913-68° 1914-66°
11	75	54	64	.12	Pt. Cldy	39	1915-66°	
12	80	60	70	.01	Clear	81	Mean for this month.....	
13	78	54	66	.00	Pt. Cldy	57	Normal for this month.....	
14	88	58	73	T.	Pt. Cldy	41	Absolute maximum for this month for 11	
15	71	63	67	.41	Cloudy	0	years.....	
16	81	63	73	.00	Cloudy	39	Absolute minimum for this month for 11	
17	80	62	71	.46	Cloudy	32	years.....	
18	85	60	72	.00	Clear	70	Average daily deficiency this month as	
19	76	65	70	.00	Cloudy	7	compared with the normal.....	
20	73	60	66	.09	Cloudy	36	Accumulated excess since Jan. 1.....	
21	75	54	64	.00	Clear	82	Average daily excess since Jan. 1.....	
22	71	52	62	.02	Cloudy	33	PRECIPITATION.	
23	71	57	64	.04	Cloudy	31	Total this month.....	
24	70	56	63	.00	Pt. Cldy	43	Total snowfall.....	
25	76	52	64	.03	Pt. Cldy	65	Greatest precipitation in 24 hours 0.46,	
26	76	57	66	.01	Pt. Cldy	65	date.....	
27	77	52	64	.00	Pt. Cldy	57	Snow on ground end of month.....	
28	82	51	66	.00	Clear	100	Normal for this month.....	
29	84	63	72	.03	Pt. Cldy	72	Deficiency (-) of this month as com-	
30	76	64	70	.13	Cloudy	11	pared with the normal.....	
Mean	76	56	66	1.51		52	Accumulated deficiency (-) since Jan. 1.	
							TOTAL PRECIPITATION THIS MONTH IN	
							1905-4.85	1906-2.19 1907-3.44 1908-2.42 1909-2.23
							1910-4.16	1911-2.55 1912-0.66 1913-2.07 1914-1.70
							1915-1.51	
							WIND.	
							Prevailing direction.....	
							Total movement.....	
							Average hourly velocity.....	
							Maximum velocity (in five minutes) 30	
							miles per hour, from S. W. on 11th.	
							WEATHER.	
							Number of days, clear.....	
							Partly cloudy.....	
							Cloudy.....	
							On which .01 inch, or more, occurred..	
							MISCELLANEOUS PHENOMENA	
							(dates of).	
							Halos, solar.....	5, 29
							Halos, lunar.....	none
							Thunderstorms.....	15, 17, 25, 26, 27
							Fog.....	27

NOTE.—"T" indicates trace of precipitation.

WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 69 p. c.

WEATHER BUREAU.

JULY, 1915

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

STATE BOARD OF HEALTH

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DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	U. S. Census Estimated Population, July, 1915.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Pox.
Total for State,	1,223,583	2,563	116	1410	1,499	14.7	367	93	..
1 Ansonia,.....	16,454	52	..	19	19	13.7	8	2	..
2 Branford,.....	6,226	3	1	6	4	7.6	2	..	..
3 Bridgeport,.....	118,434	317	13	147	165	16.3	50	19	..
4 Bristol,.....	15,536	27	2	11	6	4.6	2	..	..
5 Danbury,.....	25,627	34	3	26	22	8.8	5	1	..
6 Derby,.....	9,548	34	1	15	25	21.3	8	2	..
7 East Hartford,.....	9,050	20	2	6	10	13.2	..	2	..
8 Enfield,.....	11,312	28	..	14	16	16.9	4	..	..
9 Fairfield,.....	7,009	14	1	11	7	12.0	..	..	..
10 Glastonbury,.....	5,090	14	..	4	1	2.4	..	..	..
11 Greenwich,.....	18,724	38	..	24	18	10.8	4	1	..
12 Groton,.....	6,776	9	3	3	9	8.3	1	..	..
13 Hamden,.....	6,494	13	2	6	13	24.0	7	1	..
14 Hartford,.....	108,969	290	7	149	156	12.6	35	10	..
15 Huntington,.....	7,058	11	4	10	6	9.3	2	1	..
16 Killingly,.....	6,420	11	..	9	7	13.4	2	..	..
17 Manchester,.....	15,243	47	2	19	15	11.8	6	1	..
18 Meriden,.....	33,842	57	5	43	32	11.3	4	4	..
19 Middletown,.....	22,468	49	1	29	28	12.8	6	..	..
20 Naugatuck,.....	13,872	28	..	6	10	8.6	5	..	..
21 New Britain,.....	52,203	173	8	53	65	14.2	23	6	..
22 New Haven,.....	147,095	369	21	209	184	14.3	40	12	..
23 New London,.....	20,771	50	2	28	32	13.8	7	1	..
24 New Milford,.....	5,118	4	1	4	7	15.9	..	..	..
25 Norwalk,.....	26,466	46	..	31	34	14.9	7	..	..
26 Norwich,.....	29,225	44	1	45	47	17.6	3	5	..
27 Orange,.....	13,527	21	2	11	15	13.3	4	3	..
28 Plainfield,.....	7,719	7	..	9	7	12.0	3	1	..
29 Plymouth,.....	6,177	16	1	5	7	15.8	4	..	..
30 Putnam,.....	7,198	16	3	13	6	10.0	1	..	..
31 Seymour,.....	5,442	11	1	5	8	17.6	3	..	..
32 Southington,.....	6,836	14	..	7	6	9.8	1	2	..
33 Stafford,.....	5,726	12	..	6	4	7.5	..	..	..
34 Stamford,.....	34,107	60	4	39	35	11.6	10	2	..
35 Stonington,.....	9,477	20	1	12	16	20.2	6	1	..
36 Stratford,.....	6,796	11	..	10	7	14.0	5	..	..
37 Torrington,.....	19,153	37	..	29	12	7.5	6	1	..
38 Vernon,.....	9,405	11	..	21	8	10.2	..	1	..
39 Wallingford,.....	12,290	31	1	11	10	9.7	2	..	..
40 Waterbury,.....	84,745	143	9	100	111	13.0	45	11	..
41 West Hartford,.....	5,663	7	1	3	10	20.8	6	..	..
42 Winchester,.....	9,161	27	..	5	6	6.5	..	..	..
43 Windham,.....	13,904	28	2	16	27	22.4	5	..	..
Total of above towns, ..	999,905	2,254	105	1229	1,229	14.7	332	90	..
Towns of less than 5,000,	223,678	309	11	181	228	12.2	35	3	..
Deaths in State Insts.,...	.....	.....	..	...	42	.4	...	...	...

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 4; in Dan-
in New Britain, 3; in New Haven, 8; in New London, 8; in Norwalk, 1; in Norwich, 4; in
residents in these are deducted from the total mortality of their respective towns in esti-

HEALTH FOR THE MONTH OF JULY, 1915.

FOR JUNE, 1915.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhoea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.
2	1	2	..	..	11	15	1	11	1	200	117	21	65	9	101	129	813
..	7	1	..	3	..	..	..	8
..	1	..	3
..	3	5	..	1	..	32	9	3	7	2	5	16	82
..	1	1	..	..	..	1	..	3
..	1	2	..	..	..	1	1	1	..	..	2	..	14
..	5	..	1	3	..	1	5	10
..	2	1	..	..	..	..	2	5
..	2	1	..	..	1	3	8	8
..	2	..	..	..	1	1	3
..	1	..	..	..	..	..	10
1	1	..	..	..	2	2	12
..	1	..	..	..	1	..	3
..	3	1	..	2	1	2	1	3
..	1	..	..	..	3	1	..	*4	..	14	4	2	11	..	4	16	96
..	1	..	1	..	..	1	..	2
..	1	..	..	..	..	1	..	5
..	1	..	..	..	5	2	..	..	..	1	..	6
..	1	..	..	..	..	2	3	..	1	1	3	4	17
..	4	1	..	1	..	2	1	19
..	5	2	..	..	..	..	1	2
..	1	..	4	..	12	8	1	1	..	5	5	32
..	1	..	..	..	..	19	11	1	15	2	11	14	106
..	1	..	5	5	21
..	2	..	..	..	..	..	5
..	..	1	..	..	..	..	..	..	1	3	3	1	1	..	3	5	15
..	..	1	..	..	..	1	..	2	..	..	6	1	..	..	2	7	27
..	1	1	..	..	2	1	..	2	..	1	1	6
..	2	1	..	..	..	..	..	4
..	2	1	..	..	..	1	3	29
..	1	1	4	30
..	1	..	..	..	..	1	..	..	1	..	..	..	5
..	2	..	..	1	..	..	..	1
..	3	3	..	1	..	4	4	20
..	1	..	..	..	..	1	1	..	1	..	1	1	10
..	5	..	..	1	..	..	..	1
..	3	2	..	1	..	1	..	5
..	1	..	1	1	..	2	3
..	1	..	..	..	..	1	8	39
..	30	4	3	5	..	14	4	51
..	6	..	..	..	..	..	..	4
..	6
..	3	2	1	..	..	4	4	13
1	1	2	..	..	11	13	1	11	1	180	78	16	60	8	81	112	653
1	2	..	..	..	20	15	3	5	1	18	16	147
..	24	2	..	..	2	1	13

bury, 3; in Derby, 8; in Greenwich, 1; in Hartford, 33; in Meriden, 0; in Middletown, 4; Putnam, 1; in Stamford, 2; in Waterbury, 9; in Winchester, 1; and in Windham, 1. Non-mating the death rates of those towns.

*One of these cases from East Hartford and two from Manchester, in hospitals.

VITAL STATISTICS FOR JULY, 1915.

By mortality reports received there were 1,499 deaths during the month of July. This was 189 more than in June and 59 more than in July of last year, and 53 less than the average number of deaths during July for the five years preceding.

	1915	1914	1913	1912	1911	1910
January	1,525	1,671	1,614	1,600	1,760	1,498
February	1,463	1,623	1,547	1,567	1,556	1,421
March	1,803	1,845	1,704	1,681	1,692	1,632
Total first quarter	4,791	5,139	4,865	4,848	5,008	4,551
April	1,753	1,650	1,507	1,428	1,679	1,505
May	1,420	1,509	1,425	1,406	1,435	1,421
June	1,310	1,233	1,408	1,213	1,175	1,266
Total second quarter	4,483	4,392	4,340	4,047	4,289	4,192
July	1,499	1,440	1,498	1,454	1,635	1,735

The death rate expressed as an annual rate per 1,000 estimated population was 14.7 for the large towns, for the small towns 12.2, and for the whole state including state institutions 14.7. The deaths from infectious diseases were 159, being 10.6 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

MEASLES.—Bethany, 2; Bethlehem, 2; Bridgeport, 1; Bristol, 4; Brookfield, 2; Canton, 5; Clinton, 1; Colchester (borough), 1; Eastford, 2; East Haddam, 1; East Haven, 1; Easton, 3; Enfield, 4; Greenwich, 20; Groton, 1; Hamden, 3; Hartford, 4; Lebanon, 4; Ledyard, 1; Madison, 1; Mansfield, 2; Milford, 11; Monroe, 7; New Britain, 1; New Hartford, 2; New Haven, 12; New London, 1; North Haven, 1; Norwalk, 3; Orange, 3; Plainfield, 1; Plainville, 25+; Shelton (borough), 10; Southbury, 1; Southington, 1; Stafford, 8+; Stafford Springs (borough), 3; Stonington (borough), 24; Stonington (town), 50; Stratford, 10; Waterbury, 3; West Hartford, 1; Weston, 2; Westport, 2; Willimantic (city), 19+.—Total, 266+ in 45 towns.

SCARLET FEVER.—Beacon Falls, 1; Bridgeport, 12; Brookfield, 1; Chatham, 1; Danbury (city), 3; Danbury (town), 2; East Hartford, 1; Greenwich, 1; Hartford, 8; Kent, 4; Manchester, 1; Meriden (city), 1; Meriden (town), 1; Milford, 1; New Haven, 9; New London, 1; North Stonington, 1; Norwich, 2; Plainfield, 3; Plymouth, 1; Putnam (city), 2; Salisbury, 1; Southington, 1; Stamford (city), 1; Stratford, 1; Wallingford, 1; Waterbury, 1; Windham, 1.—Total, 64 in 28 towns.

DIPHThERIA AND CROUP.—Ansonia, 1; Bethel, 1; Branford, 1; Bridgeport, 20; Danbury (city), 1; Derby, 2; Enfield, 1; Glastonbury, 1; Greenwich, 2; Hamden, 1; Hartford, 18; Meriden (city), 1; Milford, 1; New Britain, 3; New Canaan, 2; New Haven, 5; Newington, 1; New London, 3; Norfolk, 1; Norwalk, 1; Orange, 1; Plainfield, 1; Plainville, 1; Plymouth, 1; Putnam (city), 8; Southington, 1; Stamford Springs (borough), 2; Stamford (city), 5; Stonington, 2; Suffield, 1; Tolland, 1; Trumbull, 1; Vernon, 1; Waterbury, 5; Winsted (borough), 1.—Total, 99 in 35 towns.

WHOOPING COUGH.—Andover, "epidemic"; Bethel, 1; Branford, 2; Bridgeport, 3; East Haddam, "epidemic"; Greenwich, 2; Hamden, 1; Hartford, 7; Hebron, 1; Ledyard, 3; Madison, 1; Manchester, 2; Milford, 1; New Britain, 6; New Haven, 3; New London, 2; North Canaan, 2; Old Saybrook, 2; Redding, 3; Scotland, 2; Stamford (city), 1; Stamford (town), 4; Stonington, 3; Stratford, 5; Waterbury, 5; Washington, 1; Westbrook, 2; Westport, 1; Woodstock, 2.—Total, 68+ in 29 towns.

TYPHOID FEVER.—Andover, 1; Ansonia, 1; Bridgeport, 1; Bristol, 1; Cheshire, 1; Derby, 3; East Hartford, 10; East Haven, 1; Greenwich, 2; Groton, 2; Hamden, 1; Hartford, 7; Milford, 1; New Haven, 22; New London, 1; Norwalk, 1; Norwich (city), 3; Orange, 1; Portland, 1; Stamford (city), 1; Stratford, 1; Suffield, 1; Waterbury, 5; Westport, 1; Winsted (borough), 2.—Total, 72 in 25 towns.

OPHTHALMIA NEONATORUM.—Danbury, 1.

TUBERCULOSIS.—Ansonia, 4; Bloomfield, 1; Branford, 2; Bridgeport, 22; Bristol, 1; Brookfield, 2; Canton, 1; Chester, 1; Danbury (city), 5; East Hartford, 2; East Haven, 1; Ellington, 1; Enfield, 1; Greenwich, 1; Hamden, 2; Hartford, 35; Lyme, 1; Manchester, 2; Meriden (city), 4; Meriden (town), 1; Middletown (city), 3; Milford, 2; Montville, 1; Morris, 1; Naugatuck, 4; New Britain, 15; New Canaan, 1; New Hartford, 2; New Haven, 33; New London, 8; New Milford, 1; Norfolk, 1; Norwalk, 4; Norwich (city), 6; Orange, 3; Preston, 1; Putnam (city), 2; Southbury, 1; Southington, 1; Stafford Springs (borough), 1; Stamford (city), 16; Stonington, 2; Stratford, 1; Suffield, 1; Waterbury, 2; West Hartford, 1.—Total, 204 in 46 towns.

In addition to the above the Health Officers of 69 towns report that they have not been notified of any infectious diseases.

All the Health Officers of New London and Windham Counties have reported, but the Health Officers of the following towns have not reported:

Hartford County.—Avon, Burlington, Simsbury, South Windsor.
New Haven County.—Seymour.

Fairfield County.—Ridgefield (town and borough), Wilton.

Litchfield County.—Litchfield (town and borough), Sharon, Torrington (town and borough), Watertown, Winchester.

Middlesex County.—Middletown.

Tolland County.—Bolton.

The following **DEATHS** from infectious diseases are reported by the **REGISTRARS** in towns of less than 5,000 population:

MEASLES.—Newtown, 1.

WHOOPING COUGH.—Suffield, 1; Windsor, 1.—Total, 2.

TUBERCULOSIS.—Berlin, 1; Bethel, 2; Bozrah, 1; Canaan, 1; Colchester, 1; Essex, 1; Lisbon, 1; Montville, 1; Morris, 1; Old Lyme, 1; Salisbury, 1; Sharon, 1; Watertown, 1; Westbrook, 1.—Total, 15.

The registrars of the following towns have made no report for July:—

Avon, Bloomfield, Cornwall, Granby, Harwinton, Kent, New Fairfield, Voluntown and Warren. Total, 9.

Report of Specimens examined at the Laboratory of the State Board of Health during the Month of July, 1915:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	26	39	2	67
release	23	45		68
Typhoid	21	59	8	88
Tuberculosis	30	83		113
Wasserman	95	183	63	341
Glanders	2	3		5
Malaria	3	7		10
Rabies	2	2		4
Gonococcus		2		2
Pneumococcus		1		1
Staphylococcus		1		1
Total specimens examined				700
Samples of milk analyzed				257
" " water examined				56
Sewage and effluents examined				6
Oil samples tested				4

THE DISEASES OF ADULT LIFE.

Sanitary science has achieved wonderful success in decreasing the diseases due to germs which afflict chiefly those in early life, and in consequence during the past thirty years there has been a decline in the death rate of each age group below forty years.

Above the ages of forty-five the death rate in the United States has not decreased, but on the contrary is increasing, due almost wholly to

the greater prevalence of the degenerative diseases of the heart, blood vessels and kidneys, also of cancer. While it is true that owing to the decrease in deaths from the diseases of early life, more people reach the age when degenerative disease are common, it is not a necessary and inevitable increase, for in England and Sweden the death rate at all ages is decreasing.

The degenerative diseases are not curative in the same sense as those of early life, since old age is inevitable. The important fact is that in too many cases old age comes on prematurely without the victim suspecting its onset. It is not improbable that the stress and strain of modern life has much to do with the wearing out of the body and particularly to the wearing out of the heart, blood vessels and kidneys, but the fact remains that much of this can be avoided by attention to personal hygiene. The breakdown of the body before the advent of normal old age is generally due to excesses of some kind, either too much work, too little exercise or too much food. Moderation in all things, work and play, eating and drinking, is the keynote to health. Do not wait until the diseases of the heart and kidneys have developed before thinking of these things.

The formation of correct habits of living in youth is the best way to prevent the diseases of middle age. It is however never too late to mend. The essential in the control of these diseases of adult life is their prompt detection and their progress may then be restricted by the hygienic adjustment of the activities of each individual under the supervision of a competent physician. Every person over forty-five years of age would do well to have a physician once a year make a complete examination of his whole body in order to learn in time of the beginnings of disease and the precautions necessary to prevent it from extending.

Dr. Eugene Lyman Fisk of the Life Extension Institute, New York, gives the following important causes of disease, as the chief factors in developing chronic maladies of the vital organs:

1. *Improper living habits:* Over-eating, especially of meat and of rich, highly seasoned foods.

Too little exercise.

Too much exercise, prolonged, exhausting manual labor or athletic excess.

Abuse of alcohol and tobacco.

The diseases of vice.

Hard work, in which one has an interest, not carried to the point of undue strain or interference with the normal sleep, exercise, diet, etc., is not in itself harmful. Over-stimulation of any kind, excessive emotional excitement and prolonged mental strain may, however, cause the human mechanism to break down instead of running down.

"Lopsided" brain work and bad mental hygiene, i. e., too much work, too little play, or too much play, too little work, are important factors in

bringing on premature disease. The brain worker needs some physical work and mental play. The manual laborer or mechanic needs some physical play and mental work.

2. *Chronic infections:* Many of the chronic degenerative diseases of adult life are due to persistent insidious infection by various forms of bacteria. These bacteria find lodgment in diseased gums and tooth sockets, nasal cavities, tonsils and other localities favorable for the development of germ life. From these localities they move out into the circulation and into the tissues, like submarines from a base of supply, attack various organs and often cause troubles in the heart, kidneys, blood vessels, stomach, gall bladder, appendix and joints. Sluggish, dammed-up bowels are also often a source of chronic infection and poisoning that gives rise to circulatory and kidney affections.

The remedies are, after all, simple; namely, periodic examination, to determine the physical condition, and any possible source of infection; removal of infection; and then regulation of living habits, so that the individual may, so far as possible, be adjusted to his life work, or his life work adjusted to his physical capacities.

THE REPORTING OF VENEREAL DISEASES.

We are sending out to the health officers a pamphlet containing the statutes relating to public health and safety which were passed by the last General Assembly. Attention is called to the amendment to Section 2534 of the Public Acts concerning the reports of contagious and infectious diseases. Under the act as amended venereal diseases must now be reported to the local health board, the same as other communicable diseases, except that the name of the patient is not to be disclosed. This law was passed in response to a feeling that the time was ripe to take cognizance of these maladies which their prevalence and seriousness demand. They are infectious, communicable and preventable and constitute a menace to the public health, thus properly coming under the charge of the public health authorities.

THE PHYSICIAN AND THE PUBLIC HEALTH.

Dr. John W. Trask of the U. S. Public Health Service, in an article entitled *The Practicing Physician, his relation to Public Health Administration*, says:

The health department is established to cure the community of its diseases and to keep it well. The individual is significant to the health department only as his condition affects the community in general. The health department can properly have no function other than that of controlling disease and it is in this work the practicing physician plays an important part.

To control disease the health department must know when disease exists, where it exists, and under what conditions it exists. This knowledge can be obtained only through the reports of the notifiable diseases made by physicians; the practicing physician is therefore an essential part of the health department. This is true whether the physician recognizes it or not, and whether the community recognizes it or not. The physician is the outpost, the picket that must give to the health department information of the approach of the enemy, his numerical strength, and his armament.

Coöperating with an efficient health officer, the physicians of a community have it within their power to make the efforts of the health department successful or to make their success impossible. The practicing physician who fails to report a case of communicable disease thereby endangers the welfare of the community and exposes others to the danger of contracting the disease. He is neither a good physician or a good citizen and must be considered as opposed to the principle of the control of disease and the protection of the people for which the health department stands.

With the help and coöperation of the practicing physician the health department can do much to prove the truth of Pasteur's statement that it is within the power of man to cause all infectious diseases to disappear. Without the coöperation of the practicing physician the health department can do but little.

FATIGUE AS A NEW QUESTION IN HEALTH WORK.

A new subject that has come into the field of industrial hygiene, or perhaps I should say, an old subject which has come to be newly regarded and which promises to occupy a place of unusual importance in the problems of industry and in the problem of public health, is the question of fatigue. It has long been very well known that accidents in railway transportation increase almost in proportion as the working hours of the trainmen increase beyond a reasonable length and it is very well known that accidents multiply in industries as the overstrain of the workers is increased. But we have not yet given much attention to the all-pervading presence of fatigue and its significance for the general virility and physical vigor of the class. But all these questions are now coming prominently into the field of preventive medicine.

Mr. Oliver, in his "Disease and Occupations," says that "fatigue or tiredness is a sensation, the outcome of a particular state of the nervous system, the result of work carried on beyond the capability of the organism." Describing fatigue a little more in detail, he said: "The waste products added to the blood act upon the nerve endings in muscle and upon the gray matter of the brain and create a sense of fatigue. Although the sensation of tiredness is referred by us to the overworked

muscles, the location of the cause is less in the peripheral than in the central nervous system. On the one hand waste products act upon the muscles, diminish their contractility and render them less responsive to nerve stimuli; and on the other hand they poison the large nerve cells in the gray matter of the brain, render them less receptive to sensory stimuli, and in this way reduce their power of emitting volitional impulses. There is, therefore, in fatigue an element that is mental as well as physical."

The fact and effects of fatigue have in the last few years been made an additional basis for the justification of the shorter working day for women. It was recently argued conclusively and successfully before the Supreme Court of the State of Oregon that the regulation of the hours of labor for women was justifiable on the ground of the injurious effect of the fatigue of long hours. The same arguments, somewhat modified, prevailed in one of the superior courts of the State of Illinois.—By Thos. J. Riley, Ph.D., in *Monthly Health Bulletin of New York City*.

THE SUCCESSFUL DESTRUCTION OF FLY LARVAE IN HORSE MANURE.

Ever since the slogan "Swat the fly" was liberated on the American public, the hygienic danger of the house fly has been thoroughly understood by persons in almost all walks of life. The injunction to destroy all evident specimens of this insect species has been heeded far and wide. In thousands of homes the fly is no longer tolerated. The logical solution of the fly problem resides, however, in the elimination of all breeding places or the destruction of the eggs and maggots before they can develop into an adult age.

Horse manure, which forms the principal breeding place of the house fly, has a large value as a fertilizer. It is not difficult to find a larvicide which will be effective; but to be suitable it must destroy the larvae of the fly without killing the bacteria of the manure. The latter are essential for the proper conversion of the manure into products which have value as plant food. Arsenical dip is an effective larvicide, but its poisonous nature precludes its use in any general way. Other products such as anilin, pyridin and nitrobenzene have been found to give satisfactory larvicide results, but the cost precludes their use.

Last year the U. S. Department of Agriculture demonstrated that borax is an effective larvicide, obtainable throughout the country, and available for the successful treatment of manure at the cost of 0.42 cent per bushel.¹ However, inasmuch as large quantities of manure are used in some forms of modern intensive truck farming, a warning was issued

¹Cook, F. C.; Hutchison, R. H., and Scales, F. M.: Experiments on the Destruction of Fly Larvae in Horse Manure, Bull. 118, U. S. Dept. Agric., 1914 (Bureau of Entomology).

with reference to the possible injurious action of applications of borax-treated manure on plants. Meanwhile the government scientists have continued the pursuit of some volatile or other organic larvicide which would be effective, yet entirely devoid of possible toxic action on vegetation. As a result, powdered hellebore (from *Veratrum album* and *Veratrum viride*) has been found to be an excellent larvicide without exerting a deleterious action on the fertilizing value of the manure as determined by bacteriologic and chemical analyses, and no injurious action has been detected in the field tests.² The cost of the treatment, which calls for one-half pound of powdered hellebore to 10 gallons of water applied to 8 bushels of manure, is 0.69 cent per bushel. Without rejecting the usefulness of borax, unless it is applied in undue amounts through carelessness, the government experts now give preference to the hellebore. No injury can arise from the use of even excessive quantities, for the substance is entirely destroyed in the course of the fermentation of the manure. Sanitarians everywhere will welcome this useful discovery and contribution to the antify campaign.—*Jour. A. M. A.*

PUBLIC BATH SANITATION.

It may seem like an incongruity to speak of the hygienic dangers lurking in the public bath. The growing popularity of swimming pools has led to an increased interest in their sanitary condition. There is no longer any doubt that they can actually transmit disease. When, therefore, the use of swimming pools is made compulsory, as it is in the case of pupils of secondary schools in some parts of the country, a serious duty of sanitary supervision and responsibility arises.

Typhoid fever and diarrheal conditions have been traced to swimming pools in colleges and universities, secondary and elementary schools, gymnasiums, clubs, steamships and special bathing establishments. The examination of the water is as logical a method of control as it is in the case of drinking water.—*School and Home.*

The Board has recently issued a bulletin prepared by Dr. W. E. Britton, State Entomologist, dealing with the mosquito problem of Connecticut. Copies of this bulletin can be had on application.

² Cook F. C.; Hutchison, R. H., and Scales, F. M.: Further Experiments in the Destruction of Fly Larvae in Horse Manure, Bull. 245, U. S. Dept. Agric., July 20, 1915.

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., JULY, 1915.

DATE.	TEMPERATURE			Precipitation. (In inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.	
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)	
1	76	64	70	2.00	Cloudy	12	Mean.....	29.92; highest...30.24; date 24
2	67	60	64	.22	Cloudy	0	Lowest	29.43; date 8
3	81	59	70	.02	Pt. Cldy	55	TEMPERATURE.	
4	85	66	76	.00	Pt. Cldy	68	Highest..89°; date 17; lowest.....55°; date 23	
5	79	65	72	.40	Cloudy	17	Greatest daily range 29°;	date 25
6	75	59	67	.00	Clear	98	Least daily range... 7°;	date 2
7	78	55	66	T.	Cloudy	38	Mean highest...81.0°; lowest....62.4°	
8	71	62	66	1.14	Cloudy	0	MEAN FOR THIS MONTH IN	
9	80	60	70	.00	Clear	100	1905-73° 1906-72° 1907-73° 1908-75° 1909-71°	
10	82	59	70	.00	Pt. Cldy	68	1910-74° 1911-75° 1912-73° 1913-73° 1914-69°	
11	84	61	72	.07	Pt. Cldy	54	1915-72°	
12	69	60	64	.01	Cloudy	0	Mean for this month.....	71.7°
13	86	59	72	.00	Pt. Cldy	77	Normal for this month.....	71.6°
14	84	62	73	.51	Pt. Cldy	71	Absolute maximum for this month for 11 years	100°
15	88	60	74	.00	Pt. Cldy	65	Absolute minimum for this month for 11 years.....	48°
16	85	69	77	T.	Pt. Cldy	55	Average daily excess this month as compared with the normal	0.1
17	89	70	80	.01	Pt. Cldy	62	Accumulated excess since Jan. 1	372.0°
18	85	68	76	.00	Clear	91	Average daily excess since Jan. 1.....	1.8°
19	86	67	76	.42	Pt. Cldy	76	PRECIPITATION.	
20	77	66	72	.00	Pt. Cldy	61	Total this month.....	6.97
21	72	61	66	.17	Cloudy	28	Total snowfall.....	0.0
22	75	61	68	.00	Pt. Cldy	61	Greatest precipitation in 24 hours 2.13,	
23	80	55	68	.00	Clear	85	date..... June 30-July 1	
24	80	59	70	.00	Pt. Cldy	65	Snow on ground end of month.....	0.0
25	84	55	70	.00	Clear	82	Normal for this month.....	4.11
26	84	62	73	.02	Pt. Cldy	68	Excess of this month as compared with the normal	2.86
27	82	64	73	.03	Pt. Cldy	69	Accumulated deficiency (-) since Jan. 1.	3.12
28	84	63	74	.83	Cloudy	64	TOTAL PRECIPITATION THIS MONTH IN	
29	86	66	76	.11	Pt. Cldy	76	1905-2.71 1906-5.09 1907-1.86 1908-5.74 1909-1.59	
30	87	65	76	.00	Pt. Cldy	73	1910-2.47 1911-2.97 1912-2.99 1913-1.83 1914-4.30	
31	89	72	80	1.01	Pt. Cldy	52	1915-6.97	
Mean	81	62	72	6.97		58	WIND.	
							Prevailing direction	S.
							Total movement.....	4,784 miles
							Average hourly velocity	6.4
							Maximum velocity (in five minutes) 37 miles per hour, from N. E. on 14th.	
							WEATHER.	
							Number of days, clear.....	5
							Partly cloudy.....	18
							Cloudy	8
							On which .or inch, or more, occurred..	16
							MISCELLANEOUS PHENOMENA (dates of).	
							Halos, solar.....	15
							Halos, lunar.....	none
							Thunderstorms.....	1, 8, 14, 17, 19, 28, 29, 31
							Fog.....	23, 25, 28

NOTE.—"T" indicates trace of precipitation.

WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 76 p. c.

WEATHER BUREAU.

18 SEP 1915

AUGUST, 1915

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

STATE BOARD OF HEALTH

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DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	U. S. Census Estimated Population, July, 1915.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Fox.
Total for State,	1,223,583	2,720	97	923	1,569	15.3	456	99	..
1 Ansonia,	16,454	47	..	17	19	13.8	14	1	..
2 Branford,	6,226	2	2	3	8	15.4	4	..	..
3 Bridgeport,	118,434	367	12	135	159	15.1	47	13	..
4 Bristol,	15,536	39	1	9	17	13.1	7	4	..
5 Danbury,	25,627	29	1	10	32	13.1	8	1	..
6 Derby,	9,548	33	..	10	19	18.8	4	3	..
7 East Hartford,	9,050	12	..	5	13	17.1	4	..	..
8 Enfield,	11,312	29	..	22	15	15.9	6	1	..
9 Fairfield,	7,001	12	..	3	9	15.4	3	1	..
10 Glastonbury,	5,078	8	..	1	7	16.5	1	..	..
11 Greenwich,	18,724	48	2	17	21	10.9	2	1	..
12 Groton,	6,776	10	1	..	10	17.8	..	1	..
13 Hamden,	6,494	21	3	3	9	16.6	5	1	..
14 Hartford,	108,969	302	15	94	175	15.8	69	10	..
15 Huntington,	7,058	17	..	4	9	15.3	2	..	..
16 Killingly,	6,420	7	1	3	6	11.2	1	1	..
17 Manchester,	15,243	43	..	11	10	7.8	2	1	..
18 Meriden,	33,842	85	3	19	59	20.5	19	3	..
19 Middletown,	22,468	31	1	22	22	8.9	9	..	..
20 Naugatuck,	13,872	33	..	13	19	16.4	6	4	..
21 New Britain,	52,203	164	4	50	56	12.4	27	5	..
22 New Haven,	147,095	372	16	122	184	14.0	41	11	..
23 New London,	20,771	58	..	26	30	9.6	6	1	..
24 New Milford,	5,118	6	1	1	6	15.0	2	2	..
25 Norwalk,	26,466	39	3	19	33	13.1	7	2	..
26 Norwich,	29,225	55	4	19	44	16.0	9	3	..
27 Orange,	13,527	15	..	9	12	10.6	2	..	..
28 Plainfield,	7,719	7	..	6	8	12.4	4	1	..
29 Plymouth,	6,177	13	..	6	4	7.7	2	..	..
30 Putnam,	7,245	17	..	8	6	9.9	2	..	..
31 Seymour,	5,442	13	1	4	6	13.2	1	2	..
32 Southington,	6,836	12	..	1	9	15.7	4	..	..
33 Stafford,	5,726	21	..	2	7	14.6	1	..	..
34 Stamford,	34,107	82	2	39	57	16.5	13	3	..
35 Stonington,	9,477	15	..	3	14	17.7	4	..	..
36 Stratford,	6,796	16	1	4	15	26.5	6	..	..
37 Torrington,	19,153	28	3	20	14	8.2	5	1	..
38 Vernon,	9,405	18	1	2	5	6.3	2	..	..
39 Wallingford,	12,290	28	..	11	13	12.6	3	1	..
40 Waterbury,	84,745	187	8	61	118	16.2	41	12	..
41 West Hartford,	5,663	11	..	1	15	31.7	14	..	..
42 Winchester,	9,161	15	1	3	9	7.8	2	..	..
43 Windham,	13,904	30	1	13	13	10.3	3	1	..
Total of above towns, ..	1,002,383	2,397	88	831	1,316	15.7	414	91	..
Towns of less than 5,000,	221,200	323	9	92	199	10.7	42	8	..
Deaths in State Insts.,...	.....	.....	..	..	54	.....	...	...	...

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 9; in Dan-
in New Britain, 2; in New Haven, 12; in New London, 10; in Norwalk, 4; in Norwich, 5;
these are deducted from the total mortality of their respective towns in estimating the

HEALTH FOR THE MONTH OF AUGUST, 1915.

FOR JULY, 1915.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.
..	I	7	9	6	14	I	302	113	25	36	8	87	122	838	
..	13	I	..	..	..	I	4	I
..	I	I	..	I	..	..	5	2
..	2	I	2	..	..	34	6	I	3	..	7	16	87
..	6	I	I	..	..	..	9	4
..	2	I	..	..	3	3	..	..	..	4	2	17
..	4	I	I	..	..	..	13	6
..	I	I	..	3	..	..	..	I	I	6	7
..	I	..	..	..	5	..	I	..	..	..	I	7
..	2	I	I	..	..	I	..	4
..	2	..	I	..	..	..	10
..	I	I	I	..	5	I	12	11
..	I	9
..	I	..	..	..	..	2	..	..	I	..	I	..	4
..	I	..	2	49	6	2	8	..	15	11	81	14
..	2	3	I	..	..	..	3	15
..	I	..	..	..	..	I	..	..	..	..	..	I	3
..	2	7	17
..	17	6	..	..	I	..	4	4	27
..	6	4	..	..	..	..	..	10	19
..	I	..	..	6	I	..	..	..	2	2	7	20
..	13	5	I	2	..	7	..	28	21
..	I	I	I	I	4	I	20	11	9	5	..	8	23	99	22
..	I	..	4	..	..	..	..	6	19	23
..	2	..	..	I	..	..	2	1	24
..	I	..	..	4	I	..	..	I	2	I	23	25
..	I	..	..	I	7	3	2	I	..	I	2	26	26
..	I	I	..	I	..	2	I	6	27
..	I	..	..	..	2	..	..	..	I	..	..	4	28
..	I	..	..	..	..	3	29
..	I	..	5	30
..	I	..	..	..	..	..	3	2	31
..	2	..	..	..	..	..	I	6	32
..	I	..	..	..	..	6	33
..	I	I	..	11	5	I	..	I	I	3	7	26
..	I	2	I	..	..	..	..	I	9
..	4	I	..	2	..	..	..	8	36
..	5	..	..	..	..	2	I	6	37
..	I	..	..	..	..	..	..	4	38
..	3	I	..	..	..	..	I	8	39
..	3	..	30	5	I	4	I	5	8	61	40
..	7	..	..	I	..	..	..	7	41
..	I	..	..	..	..	2	..	6	42
..	I	3	..	..	..	..	I	8	43
..	I	7	9	6	12	I	276	77	24	34	4	75	100	690	
..	2	..	26	9	I	I	4	12	21	123	
..	27	..	I	..	..	I	25	

bury, 4; in Derby, 4; in Greenwich, 4; in Hartford, 31; in Meriden, 1; in Middletown, 2; in Stamford, 10; in Waterbury, 3; in Winchester, 3; and in Windham, 1. Nonresidents in death rates of those towns.

VITAL STATISTICS FOR AUGUST, 1915.

By mortality reports received there were 1,569 deaths during the month of August. This was 64 more than in July and 27 less than in August of last year, and 81 more than the average number of deaths during August for the five years preceding.

	1915	1914	1913	1912	1911	1910
January	1,525	1,671	1,614	1,600	1,760	1,498
February	1,463	1,623	1,547	1,567	1,556	1,421
March	1,803	1,845	1,704	1,681	1,692	1,632
Total first quarter	4,791	5,139	4,865	4,848	5,008	4,551
April	1,753	1,650	1,507	1,428	1,679	1,505
May	1,420	1,509	1,425	1,406	1,435	1,421
June	1,311	1,233	1,408	1,213	1,175	1,266
Total second quarter	4,484	4,392	4,340	4,047	4,289	4,192
July	1,505	1,440	1,498	1,454	1,635	1,735
August	1,569	1,596	1,535	1,433	1,449	1,426

The death rate expressed as an annual rate per 1,000 estimated population was 15.7 for the large towns, for the small towns 10.7, and for the whole state including state institutions 15.3. The deaths from infectious diseases were 150, being 9.5 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

MEASLES.—Colchester, 1; Eastford, 1; East Haven, 1; Ellington, 1; Enfield, 2; Farmington, 1; Hartford, 3; Killingly, 1; Mansfield, 1; Meriden (city), 1; Milford, 2; Montville, 3; New Britain, 1; New London, 1; Orange, 1; Plainville, 10+; Salisbury, 1; Stafford, 8; Stonington, 7; Waterbury, 3.—Total, 50+ in 21 towns.

SCARLET FEVER.—Bridgeport, 3; East Hartford, 3; Hartford, 8; Kent, 1; Meriden (city), 1; New Britain, 1; New Haven, 5; New London, 1; Norwich (city), 3; Norwich (town), 1; Orange, 2; Plainfield, 2; Putnam (city), 3; Southington, 2; Wallingford, 1; Waterbury, 1.—Total, 38 in 16 towns.

CEREBRO-SPINAL FEVER.—Hartford, 1; New Haven, 1.—Total, 2 in 2 towns.

INFANTILE PARALYSIS.—Groton, 2; Hartford, 1.—Total, 3 in 2 towns.

DIPHTHERIA AND CROUP.—Bridgeport, 17; Fairfield, 1; Hampton, 1; Hartford, 13; Killingly, 1; Middletown, 1; Naugatuck, 3; New Britain,

2; New Haven, 12; New London, 1; Norwalk, 1; Norwich, 2; Plainfield, 2; Putnam (city), 1; Rocky Hill, 2; Shelton (borough), 2; Stamford (city), 3; Stamford (town), 2; Westport, 1; Wethersfield, 3.—Total, 71 in 21 towns.

WHOOPING COUGH.—Branford, 7; Bridgeport, 1; East Haddam, "epidemic"; Greenwich, 3; Hartford, 13; Killingly, 1; Manchester, 2; New Britain, 1; New Canaan, 2; New Haven, 3; North Canaan, 3; North Stonington, 2; Old Lyme, 5; Old Saybrook, 5; Rocky Hill, 1; Seymour, 6; Shelton (borough), 6+; Stamford (city), 5.—Total, 66+ in 18 towns.

TYPHOID FEVER.—Ansonia, 2; Branford, 3; Bridgeport, 10; Bristol, 2; Danielson (borough), 1; Derby, 3; East Hartford, 3; Fairfield, 1; Glastonbury, 3; Greenwich, 1; Groton, 2; Hamden, 7; Hartford, 72; Manchester, 1; Meriden (city), 3; Meriden (town), 1; Middletown (city), 1; Milford, 1; Naugatuck, 1; New Haven, *45; New London, 1; North Haven, 2; Norwalk, 3; Norwich (city), 6; Plainfield, 4; Plainville, 1; Plymouth, 1; Southbury, 2; Southington, 1; Stamford (city), 1; Stamford (town), 1; Stratford, 3; Thomaston, 5; Thompson, 1; Trumbull, 1; Waterbury, 48; Waterford, 1; West Hartford, 3; Wethersfield, 9; Wilton, 3; Winchester, 1; Windsor, 1; Winsted (borough), 2; Wolcott, 1; Woodstock, 1.—Total, 266 in 45 towns.

OPHTHALMIA NEONATORUM.—Bridgeport, 1.

TUBERCULOSIS.—Ansonia, 1; Branford, 1; Bridgeport, 28; Bristol, 2; Brookfield, 2; Chatham, 2; Danielson (borough), 1; Derby, 3; Enfield, 1; Fairfield, 1; Hamden, 1; Hartford, 31; Manchester, 2; Meriden (city), 6; Meriden (town), 3; Middletown (city), 3; Middletown (town), 2; Milford, 1; Naugatuck, 1; New Britain, 9; New Haven, 24; New London, 4; Norwalk, 2; Old Lyme, 1; Orange, 1; Putnam (city), 1; Stafford Springs (borough), 2; Stamford (city), 8; Stratford, 1; Wallingford, 2; Waterbury, 17; Willimantic (city), 3.—Total, 167 in 32 towns.

In addition to the above the Health Officers of 78 towns report that they have not been notified of any infectious diseases.

The Health Officers of the following towns have not reported:

Hartford County.—Avon, East Granby, Simsbury.

New Haven County.—Oxford, Woodbridge.

New London County.—Preston, Sprague.

Fairfield County.—Danbury, Bethel, New Fairfield, Ridgefield.

* 3 non-residents.

Windham County.—Scotland.

Litchfield County.—Canaan, Goshen, Morris, New Milford, Sharon, Torrington, Watertown, Woodbury.

Middlesex County.—Middlefield.

Tolland County.—Bolton, Somers, Rockville (city).

The following **DEATHS** from infectious diseases are reported by the **REGISTRARS** in towns of less than 5,000 population:

TYPHOID FEVER.—Oxford, 1; Wilton, 1.—Total, 2.

TUBERCULOSIS.—Farmington, 1; Haddam, 1; Lebanon, 1; Milford, 1; Saybrook, 1; Suffield, 1; Weston, 1; Westport, 1; Windsor, 1.—Total, 9.

The registrars of the following towns have made no report for August:—

Ashford, Bloomfield, Bolton, Burlington, East Granby, East Haven, Granby, Hampton, Ledyard, Litchfield, Madison, Montville, Morris, Pomfret, Salisbury, Sprague, Tolland, Voluntown and Washington.—Total, 19.

Report of Specimens examined at the Laboratory of the State Board of Health during the month of August, 1915:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	9	38		47
release	2	11		13
Typhoid	73	78	12	163
Tuberculosis	30	66		96
Malaria	2	17		19
Rabies	2			2
Glanders	3	5		8
Syphilis	43	94	14	151
Contagious Abortion	1			1
Total specimens examined				500
Samples of milk analyzed				284
" " water examined				43
Sewage and effluents				6
Samples of oil examined				3

PARENTAL RESPONSIBILITY.

Does your child snore?

Does it have ear-ache or running ears?

Does it keep its mouth open habitually?

Is it bad tempered?

Is its hearing poor?

Is it thin?

Is it dull mentally?

These are symptoms of adenoids and enlarged tonsils, and occur in a large percentage of children from three to ten years of age. It is your responsibility as a parent if your child or children have the above symptoms to attend to the removal of the cause at once. Before school begins have your family physician examine the children and if adenoids exist have them removed. With proper care there is no danger to the child, and often in ten or twenty minutes a morbid condition which has existed for years may be practically cured. By neglect you subject your children to frequent colds, and often a more serious disease, like tuberculosis, finds these diseased glands an open door for entrance. Give your children a chance, by doing what you can to give them healthy bodies and healthy minds. Your care now is necessary if you would do your best for those entrusted to your keeping. Delays are dangerous.

NEW MOVE ON ALCOHOL.

"The New York City Health Department's campaign against drink has been placed in the hands of an advisory committee of citizens representing a wide variety of scientific, educational and social organizations, most of which have not been identified with the temperance movement," says *The Survey* of July 3, 1915.

"Among the organizations represented are the New York State Commission for the Blind, American Association for Labor Legislation, Association for Improving the Condition of the Poor, Hudson Guild, State Charities Aid Association, Brooklyn Bureau of Charities, New York Social Center Committee, Jewish Community, Committee of Safety, Russell Sage Foundation and the Boy Scouts of America.

"Public officials include representatives of the Departments of Public Charities, Education, Police, Mayor's Employees' Committee and the State Department of Labor. Educational institutions are Columbia University, Cornell University, College of the City of New York and Hunter College. Labor is represented by the Central Federated Union, and there are representatives of the Life Extension Institute, the Metropolitan Life Insurance Company, United States Brewers Association, the army-post at Governor's Island, the Press Club and various trade groups, as the New York Wholesale Grocers' Association, the editor of the *American Druggist* and a group of leading medical men."

As reasons for the new activity of the New York Health Department, the following quotation from the *Weekly Bulletin* for June 19, 1915, is cited:

"At a recent conference attended by 200 Indiana health officers, a resolution was adopted unanimously declaring that health officers and

physicians should join in the campaign against alcohol. As a matter of fact, health officials in many states are already engaged in efforts to combat intemperance by educational means, and ample justification for their activities in this field is to be found in the following facts:

"A diminution in the consumption of alcohol by the community, according to those who are in a position to know and to judge, would mean less tuberculosis, less poverty, less dependency, and less pressure on our hospitals, asylums and jails. Intemperate drinking cuts into the support of the family. The drinking of parents weakens the vitality of children. Drinking mothers lose twice as many babies as do sober mothers. More alcoholism is found in the parents of feeble-minded children than in the parents of normal children. The children of drinkers develop more slowly and do poorer school work than do the children of abstainers. Alcohol impairs the tone of the muscles, lessens the product of laborers, depreciates the skill and endurance of artisans, impairs memory, multiplies industrial accidents, causes chronic disease of the heart, liver, stomach and kidneys, increases the death-rate from pneumonia, and lessens natural immunity to infectious diseases."

SMALL POX AND VACCINATION.

Most of the cities of the state require that a child must be vaccinated before attending the public school, and where this is not the case, such a rule should be adopted.

In the Eighteenth Century 85 to 95 per cent. of the inhabitants of European countries contracted small pox at some period of their life. The disease was as common at that time as measles is at the present day. Admiral Berkeley in a speech before the House of Commons in 1802 states: "It is proved that in this United Kingdom alone 45,000 persons died annually of the small pox, but throughout the world what is it? Not a second is struck by the hand of time but a victim is sacrificed upon the altar of that most horrible of disorders, the small pox."

These facts are not denied by the opponents of vaccination and those who have examined the statistical records for the years following the introduction of vaccination admit also that there has been a great falling off in the deaths from small pox. The opponents of vaccination, however, argue that sanitary improvements are responsible for this tremendous decrease in small pox deaths. If this is the case they must explain why improved sanitary conditions have not exerted a similar influence on measles, whooping-cough and scarlet fever, which are diseases similar to small pox in their mode of dissemination. It is further true that small pox continues to rage outside of those countries where vaccination is practiced and improved sanitary conditions has had little effect in checking the disease.

One of the arguments of the antivaccinationist is that other diseases are transmitted by vaccine virus. Years ago it was the practice among physicians to vaccinate by what was called the "arm to arm method," that is, some of the contents of a pustule of a successful vaccination was introduced into the arm of another. There is no doubt that some diseases were spread in this way and that it gave rise to much of the agitation against vaccination at the present day. No modern physician would for a moment defend such a dangerous procedure. Now the United States Public Health Service licenses all vaccine establishments doing an interstate business and has the power to revoke their licenses immediately. Virus purchased in the open market all over the country is being repeatedly examined for impurities.

Dr. John F. Anderson, Director of the Hygienic Laboratory, U. S. Public Health Service, in a recent bulletin gives the details of an extensive investigation of the subject of tetanus after vaccination. During the period 1904-13 he finds in the United States but 41 authenticated cases among 31,000,000 vaccinations, and reasons that if the virus had been at fault there would have been many more cases, since it is the custom to make many vaccinations from one lot of virus.

During the last thirteen years there has been examined in the Hygienic Laboratory, specifically for the organism of tetanus, virus sufficient for the vaccination of over 2,000,000 persons and in no instance could the tetanus germ or its products be found.

Five hundred eighty-five thousand vaccinations were performed in the army and navy during this period without a single case of tetanus following.

In the 41 cases mentioned, tetanus developed so late as to indicate infection, not at the time of vaccination, but at a later period, probably by contamination of the vaccination wound through lack of care.

We do not fear small pox as our fathers did because we seldom see it. Vaccination and revaccination have driven it from our midst. It still rages in countries not protected by vaccination and is the same dread disease as it was before the days of Jenner.

TECHNIQUE OF VACCINATION.

When vaccination is performed, it is essential that it be done scientifically and in a cleanly manner. Vaccination performed under perfectly clean conditions and the site properly protected by a sterile gauze or a sterile fabric will run a normal course. Before vaccination a full bath should be taken and clean underclothing should be put on (unfortunately it is difficult to have these measures carried out in the very people who most need them). If performed under dirty conditions, infection, that is inflammation, is liable to take place, causing pain, and the vaccination will then take a longer course.

The upper arm near the insertion of the deltoid muscle is the site usually selected for the insertion of the virus. Before vaccination the site chosen should be thoroughly washed with soap and water, then washed with alcohol and the skin allowed to dry, or the skin may be lightly painted with tincture of iodine. When thoroughly dried, the skin is made tense through the grasping of the inner side of the arm with left hand. The epidermis is then abraded over an area of a third or half an inch; this is done either by vertical or cross scarifications with a sterile needle or scalpel. It is important that the abrasion be not too deep. The drawing of blood is to be avoided. With the side of the sterile needle a small drop of the vaccine virus is rubbed gently over the scratched area. The vaccination site should then be allowed to dry with the limb resting quietly. Do not let anything touch the vaccination or blow on it.

Various forms of shields have been devised to protect the vaccine lesion from injury and infection. Many of these have failed utterly of their purpose and some have done actual injury by increasing the inflammation. They had better not be used. When dry the vaccination should be protected with a few layers of sterile gauze, 3 or 4 inches square, properly fastened with adhesive plaster.

If the dressing becomes soiled by oozing from the vaccination the physician should remove the dressing and wash the area with a sterile salt solution or with cool, freshly boiled water. When the dressing is changed be careful not to touch the vaccination in any way. A fresh sterile dressing should protect the vaccination as before. In the usual course of vaccination such dressing should be changed only a few times, but if there is a great deal of oozing it should be dressed daily. If a scab has formed it should not be removed. It is nature's protection.

Parents should be advised not to allow the sleeve of the shirt or undershirt to rub against the vaccine vesicle. It is often a good plan to have a thoroughly clean piece of linen sewed into that portion of the sleeve which comes in contact with the vesicle. Caution should be given the patient against rubbing, scratching, or otherwise fingering the vaccine scab; manipulation of this sort is a fertile source of ulceration and late wound infection.

In a normal course of vaccination, for three or four days there will be no sensation except possibly a little itching. Then a small red area forms in the center of which a spot like a blister appears, and there will be some tenderness and redness about the vaccination. At this time there may be some slight soreness in the arm pit and some feeling of illness. The blister gradually dries up and a thick scab forms. The redness and tenderness gradually subside, and after two or more weeks the scab falls off, leaving a scar with many small pin head spots in it. In a few cases the vaccination takes a somewhat more severe course, causing more pain and discomfort than usual, and some fever.

THE ROCHESTER MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

The 43d annual meeting of the American Public Health Association held in Rochester last week was in many respects a notable gathering. More than 2,000 health experts gathered from all parts of the country were present at the sessions of the congress, which extended over nearly the entire week. There were more than 110 addresses delivered before the six sections of the Association. Included with it was also the 15th annual conference of the sanitary officers of New York State.

The Rochester congress was probably the most important public health gathering seen in many years, with the possible exception of the International Congress on Hygiene. Among the sanitary experts present were Surgeon-General William C. Gorgas of Panama fame; Prof. William T. Sedgwick, Massachusetts Institute of Technology and President of the American Public Health Association; Prof. C. E. A. Winslow, who is soon to become Professor of Public Health of Yale University; the Hon. William C. Redfield, Secretary of the Department of Commerce, and the health officers and directors of laboratories of nearly every state and important city of the country.

An important feature of the congress was the address of welcome by the Hon. Charles S. Whitman, Governor of New York, in which he gave public health work the warmest possible endorsement and especially that of the New York State Department.

It is difficult to say too much in praise of the value of conferences of this kind in increasing the efficiency of local health work. The health officer for the most part is an isolated individual. The work in which he is engaged, however, is making tremendous strides every year. It is highly important that every health official be kept in touch with the advances that are being made. The best way of accomplishing this is a discussion of the problems of health work made possible by such meetings as the Rochester Conference.

The conference visited Rochester as the guest of the Rochester Public Health Association, which was founded by the late Captain Henry C. Lomb of that city. The local committee of arrangements and the local entertainment committee saw to it that nothing was lacking to make the meeting a success.

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., AUGUST, 1915.

DATE.	TEMPERATURE			Precipitation. (In inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.	
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)	
1	86	68	77	T.	Pt. Cldy	45	Mean.....	29.98; highest...30.26; date 27
2	84	69	70	1.24	Cloudy	36	Lowest.....	29.72; date 25
3	69	58	64	.04	Cloudy	15	TEMPERATURE.	
4	72	58	65	2.03	Cloudy	0	Highest...89°; date 13; lowest.....49°; date 28	
5	65	56	60	.00	Cloudy	30	Greatest daily range 26°; .....date 20	
6	66	57	62	.33	Cloudy	0	Least daily range... 6°; .....date 29	
7	78	58	68	T.	Pt. Cldy	54	Mean highest...77.0°; lowest...60.4°	
8	82	66	74	.18	Pt. Cldy	57	MEAN FOR THIS MONTH IN	
9	82	63	72	.57	Cloudy	35	1905-63° 1906-73° 1907-69° 1908-69° 1909-69°	
10	79	61	70	T.	Pt. Cldy	76	1910-69° 1911-70° 1912-68° 1913-71° 1914-71°	
11	82	60	71	.00	Clear	100	1915-69°	
12	80	64	72	.24	Pt. Cldy	58	Mean for this month..... 68.7°	
13	89	68	78	.60	Pt. Cldy	64	Normal for this month..... 68.9°	
14	85	68	76	.00	Pt. Cldy	76	Absolute maximum for this month for 11	
15	85	67	76	T.	Pt. Cldy	62	years..... 96°	
16	86	67	76	.26	Pt. Cldy	72	Absolute minimum for this month for 11	
17	76	56	66	T.	Pt. Cldy	65	years..... 43°	
18	69	54	62	.00	Clear	87	Average daily deficiency this month as	
19	75	54	64	.00	Clear	85	compared with the normal..... 0.2°	
20	82	56	69	.00	Pt. Cldy	63	Accumulated excess since Jan. 1..... 366.0°	
21	79	60	70	.00	Cloudy	31	Average daily excess since Jan. 1..... 1.5°	
22	77	69	73	.71	Cloudy	7	PRECIPITATION.	
23	84	67	76	.00	Pt. Cldy	63	Total this month..... 6.83	
24	84	65	74	.00	Pt. Cldy	69	Total snowfall..... 0.0	
25	80	62	71	.33	Pt. Cldy	64	Greatest precipitation in 24 hours	
26	74	56	65	.00	Clear	88	date 3d-4th..... 2.04	
27	66	50	58	.00	Pt. Cldy	74	Snow on ground end of month..... 0.0	
28	71	49	60	T.	Pt. Cldy	72	Normal for this month..... 4.56	
29	59	53	56	.22	Cloudy	0	Excess of this month as compared with	
30	72	57	64	.08	Cloudy	14	the normal..... 2.27	
31	69	55	62	.00	Pt. Cldy	82	Accumulated deficiency (—) since Jan. 1. 0.85	
Mean	77	60	69	6.83		53	TOTAL PRECIPITATION THIS MONTH IN	
							1905-5.08 1906-2.65 1907-1.03 1908-6.74 1909-3.35	
							1910-2.08 1911-5.56 1912-3.02 1913-3.89 1914-1.96	
							1915-6.83	
							WIND.	
							Prevailing direction..... S.	
							Total movement..... 4,740 miles	
							Average hourly velocity..... 6.4	
							Maximum velocity (in five minutes) 27	
							miles per hour, from S. E. on 4th.	
							WEATHER.	
							Number of days, clear..... 4	
							Partly cloudy..... 17	
							Cloudy..... 10	
							On which .or inch, or more, occurred.. 13	
							MISCELLANEOUS PHENOMENA	
							(dates of).	
							Halos, solar..... 27, 31	
							Hail..... 9	
							Thunderstorms..... 2, 8, 9, 16, 22, 25	
							Fog..... 1	

NOTE.—“T” indicates trace of precipitation.

WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 80 p. c.

WEATHER BUREAU.

SEPTEMBER, 1915

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

STATE BOARD OF HEALTH

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DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Towns of more than 5,000 Inhabitants.	U. S. Census Estimated Population. July, 1915.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing An- nual Death Rate per 1,000.	Deaths under 1 year.	Deaths from 1 to 5 years.	Small Pox.
Total for State,	1,223,583	2,701	92	935	1,479	14.5	365	91	..
1 Ansonia,	16,454	40	1	3	24	17.5	11	1	..
2 Branford,	6,226	12	1	1	6	11.5	3	1	..
3 Bridgeport,	118,434	320	14	110	120	11.5	33	9	..
4 Bristol,	15,536	47	1	4	21	16.2	8	2	..
5 Danbury,	25,627	41	2	11	24	8.8	4	..	..
6 Derby,	9,548	35	2	12	10	5.0	2	5	..
7 East Hartford,	9,050	19	..	7	3	3.9	..	..	..
8 Enfield,	11,312	35	..	20	15	15.9	5	1	..
9 Fairfield,	7,001	18	1	3	10	17.1	3	..	..
10 Glastonbury,	5,078	8	..	5	5	11.8	1	..	..
11 Greenwich,	18,724	41	..	17	21	12.1	4	3	..
12 Groton,	6,776	14	..	1	7	12.3	1	..	..
13 Hamden,	6,494	11	1	3	9	16.6	2	..	..
14 Hartford,	108,969	231	8	110	156	13.5	31	11	..
15 Huntington,	7,058	13	1	1	9	15.3	1	1	..
16 Killingly,	6,420	15	..	13	9	16.8	4	1	..
17 Manchester,	15,243	31	..	23	14	11.0	5	..	..
18 Meriden,	33,842	69	4	15	29	9.9	5	3	..
19 Middletown,	22,468	58	1	13	24	11.7	5	3	..
20 Naugatuck,	13,872	30	1	17	3	2.5	1	1	..
21 New Britain,	52,203	156	3	45	57	12.6	21	9	..
22 New Haven,	147,095	372	15	128	169	12.3	41	9	..
23 New London,	20,771	51	2	23	34	15.0	6	2	..
24 New Milford,	5,118	3	..	4	10	23.4	3	..	..
25 Norwalk,	26,466	47	3	25	15	5.8	1	1	..
26 Norwich,	29,225	72	4	15	44	17.2	11	..	..
27 Orange,	13,527	24	1	5	11	9.8	2	..	..
28 Plainfield,	7,719	24	2	5	12	18.6	4	1	..
29 Plymouth,	6,177	13	..	3	5	9.7	2	1	..
30 Putnam,	7,245	16	2	6	14	21.5	7	..	..
31 Seymour,	5,442	10	..	1	11	24.2	5	2	..
32 Southington,	6,836	22	1	5	5	8.7	2	..	..
33 Stafford,	5,726	11	1	1	10	20.9	2	..	..
34 Stamford,	34,107	70	1	30	41	12.3	10	2	..
35 Stonington,	9,477	16	..	13	17	21.5	5	..	..
36 Stratford,	6,796	7	..	5	12	21.1	3	2	..
37 Torrington,	19,153	36	1	25	12	7.5	6	..	..
38 Vernon,	9,495	18	..	4	8	10.2	3	1	..
39 Wallingford,	12,290	21	..	8	10	9.0	3	1	..
40 Waterbury,	84,745	200	4	49	112	15.2	31	11	..
41 West Hartford,	5,663	5	2	..	20	8.4	15	..	..
42 Winchester,	9,161	20	..	5	19	17.0	5	..	..
43 Windham,	13,904	27	..	10	15	9.4	7	..	..
Total of above towns, ..	1,002,383	2,329	80	804	1,179	14.1	310	84	..
Towns of less than 5,000,	221,200	372	12	131	247	13.3	55	7	..
Deaths in State Insts., ..	.....	.....	.....	.....	53	.....	.....	.....	.....

The Mortality of non-residents in Hospitals of the State was: in Bridgeport, 6; in Dan-
in New Britain, 2; in New Haven, 18; in New London, 8; in Norwalk, 2; in Norwich, 2;
and in Windham, 4. Non-residents in these are deducted from the total mortality of their

HEALTH FOR THE MONTH OF SEPTEMBER, 1915.

FOR AUGUST, 1915.

Measles.	Scarlet Fever.	La Grippe.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Diphtheria and Croup.	Whooping Cough.	Erysipelas.	Typhoid Fever.	Malarial Fever.	Diarrhoea under 5.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Lobar and Broncho-Pneumonia.	Bronchitis.	Cancer.	Accidents and Violence.	All other Diseases.	
I	..	I	..	..	II	6	..	35	I	236	98	15	54	9	97	110	805	
..	4	2	..	..	..	1	..	17	1
..	1	..	..	1	1	..	1	2	2
..	2	..	..	3	..	23	5	1	9	1	6	16	54	3
..	6	2	..	1	1	..	..	10	4
..	1	1	1	1	..	1	3	16	5
..	1	..	..	..	..	..	2	1	6	6	6
..	1	..	..	..	..	..	..	..	2	7	7
..	1	..	1	..	2	..	..	..	..	2	9	8	8
..	1	..	1	1	1	1	..	..	5	9	9
..	1	4	10	10
..	2	1	..	..	..	1	3	14	11
..	2	..	5	12	12
..	1	..	..	..	1	2	..	..	1	..	4	13	13
..	1	1	..	5	..	26	2	1	6	1	18	14	81	14
..	1	2	..	..	..	1	5	15	15
..	4	..	..	..	1	2	2	16	16
..	1	..	..	..	..	4	1	..	..	..	..	8	17	17
..	..	1	..	..	..	..	..	1	..	5	4	..	..	1	2	13	18	18
..	3	3	2	1	..	..	13	19	19
..	1	..	..	..	..	1	..	..	..	..	..	1	20	20
..	1	..	1	..	16	2	..	3	..	1	2	31	21
..	7	..	15	9	4	6	..	17	13	98	22
1	1	..	3	..	3	2	..	..	..	3	..	21	23
..	1	1	..	1	..	..	2	5	24
..	2	1	..	..	3	4	5	25	25
..	1	..	7	5	1	1	..	2	1	26	26
..	1	..	..	1	1	1	7	27
..	5	1	..	..	..	..	..	6	28
..	1	..	..	..	4	29
..	5	..	..	..	3	..	..	6	30
..	1	..	..	..	..	3	..	..	1	..	1	2	3	31
..	1	..	..	..	1	1	1	2	32
..	2	..	1	..	..	7	33
..	1	..	..	..	..	7	1	..	2	..	4	1	25	34
..	2	1	..	1	..	2	1	10	35
..	1	..	..	..	..	3	1	..	..	1	..	..	6	36
..	1	..	..	..	..	5	..	..	..	2	..	..	4	37
..	4	..	..	..	..	..	..	4	38
..	3	..	..	..	..	..	..	7	39
..	6	..	25	4	..	8	1	..	6	62	40
..	10	..	1	2	..	..	..	7	41
..	1	..	2	..	1	..	..	..	..	2	3	10	42
..	1	..	3	..	..	..	..	3	8	43	43
1	..	1	..	..	9	6	..	34	..	206	55	12	48	7	81	87	635	
..	2	..	..	1	1	30	22	1	5	2	16	23	144	
..	21	2	1	..	..	..	26	

bury, 5; in Derby, 6; in Greenwich, 2; in Hartford, 33; in Meriden, 1; in Middletown, 2; in Putnam, 1; in Stamford, 6; in Waterbury, 4; in West Hartford, 13; in Winchester, 6 respective towns in estimating the death rates of those towns.

VITAL STATISTICS FOR SEPTEMBER, 1915.

By mortality reports received there were 1,479 deaths during the month of September. This was 130 less than in August and 47 less than in September of last year, and 77 more than the average number of deaths during September for the five years preceding.

	1915	1914	1913	1912	1911	1910
January	1,525	1,671	1,614	1,600	1,760	1,498
February	1,463	1,623	1,547	1,567	1,556	1,421
March	1,803	1,845	1,704	1,681	1,692	1,632
Total first quarter	4,791	5,139	4,865	4,848	5,008	4,551
April	1,753	1,650	1,507	1,428	1,679	1,505
May	1,420	1,509	1,425	1,406	1,435	1,421
June	1,311	1,233	1,408	1,213	1,175	1,266
Total second quarter	4,484	4,392	4,340	4,047	4,289	4,192
July	1,506	1,440	1,498	1,454	1,635	1,735
August	1,609	1,596	1,535	1,433	1,449	1,426
September	1,479	1,526	1,422	1,392	1,284	1,387
Total third quarter	4,593	4,562	4,455	4,279	4,368	4,548

The death rate expressed as an annual rate per 1,000 estimated population was 14.1 for the large towns, for the small towns 13.3, and for the whole state including state institutions 14.5. The deaths from infectious diseases were 152, being 10.2 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

MEASLES.—Berlin, 1; Colchester, 1; Enfield, 1; Hartford, 2; Manchester, 1; Middletown (town), 1; Milford, 2; New Britain (city), 2; New London, 1; Newtown, "mild epidemic"; Plainfield, 1; Stonington, 3; Suffield, 1.—Total, 17+ in 13 towns.

SCARLET FEVER.—Branford, 1; Bridgeport, 3; Bristol, 1; Cheshire, 1; Danbury (city), 2; Fairfield, 2; Greenwich, 1; Hampton, 1; Hartford, 1; Naugatuck, 1; New Britain (city), 1; New Canaan, 1; New Hartford, 1; New Haven, 2; Norwalk (city), 2; Norwich (city), 1; Plainfield, 1; Plymouth, 1; Rockville, 1; Salisbury, 1; Sharon, 1; Southington, 3; Sprague, 3; Stamford (city), 5; Suffield, 2; Willimantic, 2.—Total, 42 in 26 towns.

CEREBRO-SPINAL FEVER.—New Haven (city), 1; Pomfret, 1; Stonington, 1.—Total, 3 in 3 towns.

INFANTILE PARALYSIS.—Hartford, 3; New Canaan, 1; New Haven, 1; Thomaston, 1; Waterbury, 1.—Total, 7 in 5 towns.

DIPHTHERIA AND CROUP.—Bridgeport, 18; Bristol, 1; Danbury, 1; Easton, 1; East Windsor, 2; Fairfield, 2; Greenwich, 2; Hartford, 18; Huntington, 1; Manchester, 2; Meriden (city), 3; Naugatuck, 4; New Britain (city), 6; New Haven, 17; New London, 1; Plainville, 1; Portland, 1; Putnam (city), 2; Rockville, 1; Seymour, 2; Shelton (borough), 3; Sherman, 1; Stafford Springs (borough), 3; Stamford (city), 5; Stonington, 2; Stratford, 3; Torrington (town), 1; Torrington, 5; Trumbull, 1; Willimantic (city), 3.—Total, 113 in 30 towns.

WHOOPING COUGH.—Branford, 1; Bridgeport, 2; Bridgewater, 1; Cornwall, 1; East Windsor, "few cases"; Hamden, 3; Hartford, 5; Hebron, 8; Madison, 1; New Britain (city), 5; New Haven, 20; Norwalk (city), 1; Southbury, 1; Stamford (city), 5; Willimantic, 4; Woodbury, 3.—Total, 61+ in 16 towns.

TYPHOID FEVER.—Berlin, 1; Bethlehem, 1; Branford, 1; Bridgeport 11; Bristol, 2; Canterbury, 1; Danbury (city), 3; Derby, *3; East Hartford, 2; East Windsor, 2; Enfield, 2; Fairfield, 1; Hartford, 22; Huntington, 1; Lebanon, 1; Manchester, 3; Milford, 1; Naugatuck, 3; New Britain (city), †5; New Haven, 25; New London, 18; New Milford, 1; North Haven, 1; Norwalk (city), 4; Norwich (city), 3; Old Saybrook, 1; Orange, 3; Plainfield, 11; Plymouth, 2; Rockville, 2; Salisbury, 1; Stafford Springs (borough), 1; Stamford (city), 1; Suffield, 2; Thomaston, 5; Torrington (borough), 1; Trumbull, 1; Wallingford, 3; Waterbury, 22; Watertown, 3; West Hartford, 1; Willimantic 2.—Total, 180 in 42 towns.

TUBERCULOSIS.—Bolton, 1; Bridgeport, 21; Bristol, 2; Brookfield, 2; Burlington, 1; Coventry, 1; Cromwell, 1; Durham, 1; Fairfield, 1; Greenwich, 2; Hamden, 1; Hartford, 23; Huntington, 1; Manchester 2; Meriden (city), 6; Middletown (city), 5; Middletown (town), 3; Milford, 2; Montville, 1; Naugatuck, 2; New Britain (city), 7; New Canaan, 1; New Haven, 37; Newington, 1; New London, 2; Norwalk (city), 1; Norwich (city), 4; Orange, 1; Oxford, 1; Plainville, 1; Preston, 1; Rockville, 1; Stamford (city), 6; Stamford (town), 1; Thompson, 1; Vernon, 1; Wallingford, 2; Waterbury, 10; Willimantic, 1; Winsted (borough), 1; Woodstock, 1.—Total, 151 in 41 towns.

In addition to the above the Health Officers of 84 towns report that they have not been notified of any infectious diseases.

* In hospital from Ansonia.

† Four non-residents.

All the Health Officers of Middlesex and Tolland Counties have reported, but the Health Officers of the following towns have not reported:

Hartford County.—Avon, Glastonbury, Wethersfield.

New Haven County.—Ansonia, Prospect.

New London County.—Groton (town and borough), Lyme, Waterford.

Fairfield County.—Ridgefield (town and borough).

Windham County.—Scotland.

Litchfield County.—Roxbury.

The following DEATHS from infectious diseases are reported by the REGISTRARS in towns of less than 5,000 population:

DIPHTHERIA.—Easton, 1; Sherman, 1.—Total, 2.

TYPHOID FEVER.—East Windsor, 1.

TUBERCULOSIS.—Avon, 1; Brookfield, 1; Burlington, 2; Chester, 1; Durham, 1; East Windsor, 1; Killingworth, 1; Litchfield, 1; Montville, 1; New Cannan, 2; Newington, 1; Old Lyme, 1; Oxford, 1; Salisbury, 1; Sprague, 1; Suffield, 1; Thompson, 1; Washington, 1; Weston, 1; Windsor Locks, 1.—Total, 22.

The registrars of the following towns have made no report for September:—

Bloomfield, Waterford.—2.

Report of Specimens examined at the Laboratory of the State Board of Health during the month of September, 1915.

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis,	13	87		100
release	5	36		41
Typhoid	62	102	11	175
Tuberculosis	25	70		95
Malaria	3	16		19
Wassermann	56	182	14	252
Glanders	4	5		9
Rabies	1	3		4
Gonococcus	2	3		5
Pus (Streptococcus)	1			1
Total specimens examined				701
Samples of milk analyzed				339
Samples of water examined				62
Sewage and effluents				6
Samples of oil examined				2

SCHOOL INSPECTION.

The public official whose duty it is to protect the health and lengthen the lives of the people in any town should be vitally interested in the schools.

About one-fifth of the people living in a community congregate in the schools each day.

Medical inspection is concerned with the prevention of communicable diseases and the discovery and correction of physical defects which serve to retard the progress of the child.

Health instruction should be something more than the bare facts of anatomy or physiology; it should convey to the child's mind definite ideas of how to avoid disease and the measures used to protect others. Any information that may be imparted by the teacher, health official, medical inspector or nurse will be of little value to the child unless it results in a bettering of his conduct. A boy gains nothing by knowing that spitting on a ball may spread disease unless he ceases to spit. A child does not profit by the knowledge that an erect posture gives the lungs more room for expansion unless he acquires the habit of erect carriage.

The importance of correct posture in sitting as well as standing is well known to every teacher. Correct postural habits cannot be formed by a child whose legs are dangling and whose shoulders must be elevated to reach the desk.

The proper accommodation of the seat to the stature of the child can be best obtained by adjustable seats. To say that in practice the seats are not adjusted to the child is to proclaim a degree of laziness on the part of those responsible for such adjustments that is incompatible with good school work.

The formation of hygienic habits is the end to be sought in health instruction. Such habits can be more effectively formed if the child's surroundings be first made hygienic and his physical handicaps removed.

The school nurse has proven herself one of the most effective agencies at our command for securing the removal of physical defects. Experience has shown that notification to parents by the medical inspector will secure action in a small percentage of cases, while visits to the home by the nurse will secure the interest and intelligent help of the mother in a large proportion of cases. This is only one part of the work of the school nurse, but a very important part.

For the best results there must be a sympathetic coöperation of the health officials, medical inspectors, school nurses and teachers; with such forces all working together for the accomplishment of a single purpose, who can estimate the result?

SCHOOL CHILDREN AND COMMUNICABLE DISEASES.

With the close of the summer vacation and the reopening of the schools, the communicable diseases usually show an appreciable increase, which may be attributed to several features. During the summer period the children have been living practically an out-of-door life, and their systems have been in the best possible condition to throw off any chance of infection. They have been playing in small groups, representing at most two or three families, and the opportunity of introducing infection has therefore been relatively slight. Now they make a sudden change to several hours of indoor life daily, which, with close application to their studies, must have an effect in many instances of reducing the vitality of the bodies. Children from widely separated localities are brought together in one common environment, and in spite of the utmost precautions, the chances of introducing communicable diseases are greatly increased. Much could be done in the way of prevention if the parents would observe a few simple rules concerning their children, keeping them away from contact with others when there is any indication of communicable disease present.

Sore throats in children should always be regarded with suspicion. Many of the communicable diseases, especially scarlet fever and diphtheria, begin with a sore throat. Often a diphtheritic throat is more mild at first than an attack of tonsillitis. If your child has a sore throat it should not be allowed to attend school, where it will probably pass its trouble on to others. You would be most indignant if some other parent allowed his child to attend school while ill, passing on a disease to your children. The Golden Rule is as applicable here as elsewhere: "Do unto others as you would that they should do unto you."

When a child has a sore throat, then it is always a safe rule to keep it isolated from others and to send for your physician, in order that he may take a culture. The mildest case of diphtheria may be followed with paralysis if not properly and quickly treated with anti-toxin.

The first symptoms of measles are watery eyes, sneezing, nasal discharge, bad breath, sore throat, or a tendency towards sore throat, accompanied by coughing and, frequently, fever. These symptoms appear a few days before the rash, and the disease may be communicated to others before the rash appears. A child with these symptoms should be isolated from others until it is sure measles is not present. On no account send it to school, for one such child may give the disease to a whole roomful. If a rash breaks out on a child's face or body, it should be kept from school and a physician should be consulted.

Children's teeth should be examined and treated by competent dentists, at least twice a year, and they should be taught to keep their teeth clean. Many of the more obscure troubles of children are occasioned by decayed or neglected teeth. * * *

Do not compel the smaller children, below the age when home studies are required, to remain indoors on account of home duties or lessons during the hours of daylight when school is out of session. Their health requires all the outdoor exercise possible for them to obtain in pleasant weather. Neither should they be allowed to pore over studies in the evening. If they are unable to keep up with their classes with the required hours in school, it is better to allow them to drop back a year than to ruin their health by unwise and unreasonable application.—*Boston Health Bulletin*.

SPREAD OF DISEASE BY RODENTS.

That the migratory habits of rodents have a bearing upon the spread of disease is not generally known, but the United States Public Health Service, as a result of experiments conducted in plague epidemic work at New Orleans, asserts that such is the case. This is but another illustration that the field of preventive medicine is especially broad, and investigators therein must be thoroughly familiar with the life history and habits of flies, mosquitoes, ticks, and even rodents.

Several hundred captured rats were marked for purposes of identification by having their ears punched, care being taken not to render them conspicuous, as fellow rodents wage relentless warfare upon those which appear different from their kind. They were then released in the heart of the city, and allowed to shift for themselves. Trapping was carried on in all sections, and each rat was labeled as to the locality caught. Fully one-quarter of the rats made widespread excursions; that is, they were recaptured at points from one to four miles from where they were liberated. In one instance, a rat traveled 19 blocks, crossing one of the widest and busiest streets in the city, where there was no subterranean passage, and was retaken within 60 hours from the time of its liberation. From the experiments it is concluded that the semi-domesticated rat has migratory habits similar to wild animals, and that these habits are influenced by abundance or scarcity of food, facility for harborage, or the presence of natural enemies. It is also believed that certain inexplicable instincts tend to make the rat a wanderer. That in this instance the "homing" instinct was not responsible for the migration was clearly proven.

This migratory habit of rodents explains many facts connected with the dissemination of plague; it will also doubtless prove enlightening to those who have attempted to exterminate rats for economic reasons. The Indian Plague Commission was of the opinion that rats seldom journeyed from one section of the city to another, but the conclusion of the Public Health officials is quite the opposite. As a measure of the success of trapping operations, it is interesting to note that over one-half of the rodents liberated were recaptured within a month.

HOW TO DRINK FROM A BUBBLING FOUNTAIN.

If improperly constructed or improperly used, the bubbling drinking fountain may be a greater menace to health than the common drinking cup. The other day an inspector of the United States Public Health Service took a seat beside a bubbling drinking fountain in a railway station and watched the way in which it was used. Forty-seven different persons, of whom 11 were men, 22 were women and 14 were children, used the bubbling fountain. In almost every case the lips were placed almost completely around the metal ball from which the water spurted, and one small boy seemed as if he were trying to swallow it. Several of the men obviously were chewing tobacco. Of the 47 people, 3 looked as though they might have tuberculosis, and 3 had an eruption upon the face.

Every person using the bubbling drinking fountain should bear in mind that the object of this sanitary device is to prevent the interchange of mouth secretions. When mucous and other matter becomes attached to metal it sometimes requires considerable force to remove it, and this is not always accomplished by a slowly moving current of water. In using the bubbling fountain the rule should be "Bite the Bubble." The lip should not touch any part of the fountain, and under no condition should the fountain be used for rinsing the mouth or for expectorating.

FRECKLES.

Summer regularly brings to the drug stores and advertising columns their usual display of freckle lotions, face creams and other freckle-removing recipes. But for the benefit of those who have freckles and no fat purses, we will give what Charles Dickens gave as the only safe and sure recipe for removing freckles: "Go up to the fourth floor of any building, carefully cut out the freckles with a sharp razor and toss them out the window." Rather severe but a safe and sure recipe!

Even Dickens realized how futile is an attempt to appeal to reason when vanity is the question at stake, and it was through this crude suggestion he hoped to send home the truth that freckles can not be removed. He did not succeed to any great extent, however, for since that time lotions enough to fill reservoirs have been sacrificed on the freckle altar, to say nothing of mountains of cold cream and powder.—*Exchange*.

THE RIGHT DOCTOR.

Here are Dr. Cabot's don'ts in selecting a doctor for the family.

"Never go to a doctor who says in advance he can cure you. He is always a quack."

"Never go to a doctor who gives you a drug every time he sees you."

"Never trust the doctor who does not give you a thorough examination."

THE PRACTICE OF CHIROPODY.

In compliance with the act passed by the last General Assembly creating a State Board of Examiners in Chiropody, the State Board of Health has appointed Dr. J. Francis Calef, representing the Connecticut Medical Examining Board, and Mr. M. S. Mandell, representing the Connecticut Pedic Society, who, with the Secretary of the State Board of Health, will constitute the Connecticut Board of Examiners in Chiropody. The members of the board met and elected Dr. Calef president and Mr. Mandell secretary-treasurer. Rules governing the mode of procedure were adopted. Any person who can satisfactorily establish that he or she was actually engaged in the practice of chiropody in this state prior to January 1, 1915, will receive a certificate of qualification without examination, provided the application is made to said board on or before December 31, 1915.

All others wishing to engage in the practice of chiropody in the state must pass an examination before the board of examiners, at the same time presenting evidence that they are of good moral character and have had a high school education or its equivalent. Examinations are held on the second Tuesday of July and November of each year and application to take this examination should be made at least two weeks in advance. All applications for certificates and communications relating to the business of the board should be addressed to the secretary, Mr. M. S. Mandell, 101 Orange Street, New Haven, Conn.

TO ERADICATE HAY-FEVER-PRODUCING WEEDS.

As the result of the efforts of the American Hay-Fever-Prevention Association, the Department of Public Works of the City of New Orleans has detailed a force to destroy the rag-weed and other hay-fever-producing weeds within the city limits. This force will be under the direction of the association.

Next month a general clean-up campaign will be inaugurated in New Orleans, including the systematic destruction of weeds. As a result of this campaign, New Orleans expects to become a resort for hay-fever sufferers.—*Times-Picayune*, September 16, 1915.

Sunshine is delicious, rain is refreshing, wind braces up, snow is exhilarating; there is really no such thing as bad weather—only different kinds of good weather.—*Ruskin*.

Public health is the foundation upon which rests the happiness of the people and the welfare of the state.—*Disraeli*.

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., SEPTEMBER, 1915.

DATE.	TEMPERATURE			Precipitation. (In inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.	
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)	
1	70	50	60	.00	Pt. Cldy	57	Mean.....30.07; highest..30.39; date 23	
2	76	50	63	.00	Pt. Cldy	44	Lowest.....29.47;	date 26
3	84	54	69	.00	Clear	83	TEMPERATURE.	
4	86	63	74	.00	Pt. Cldy	62	Highest..92°; date 16; lowest....42°; date 28	
5	79	67	73	T.	Cloudy	28	Greatest daily range 30°;	date 3
6	78	65	72	T.	Cloudy	37	Least daily range... 9°;	date 7
7	75	66	70	.10	Cloudy	4	Mean highest...76.8°; lowest....57.9°	
8	81	69	75	.00	Cloudy	26	MEAN FOR THIS MONTH IN	
9	91	69	80	.00	Pt. Cldy	74	1905-63° 1906-66° 1907-64° 1908-65° 1909-62°	
10	86	71	78	.00	Clear	100	1910-64° 1911-63° 1912-63° 1913-61° 1914-63°	
11	85	61	73	.00	Clear	98	1915-67°	
12	81	61	71	.00	Clear	82	Mean for this month.....	67.4°
13	82	66	74	.12	Pt. Cldy	35	Normal for this month.....	61.7°
14	88	65	76	.00	Pt. Cldy	63	Absolute maximum for this month for 11 years.....	93°
15	90	71	80	.00	Clear	94	Absolute minimum for this month for 11 years.....	32°
16	92	72	82	.00	Clear	93	Average daily deficiency this month as compared with the normal.....	5.7°
17	90	69	80	.06	Pt. Cldy	66	Accumulated excess since Jan. 1.....	537.0°
18	80	63	72	.00	Clear	87	Average daily excess since Jan. 1.....	2.0°
19	74	61	68	.06	Cloudy	39	PRECIPITATION.	
20	78	59	68	.00	Pt. Cldy	80	Total this month	1.29
21	71	55	63	.91	Cloudy	20	Total snowfall.....	0.0
22	61	48	54	.00	Pt. Cldy	84	Greatest precipitation in 24 hours, date 21st.....	0.91
23	66	42	54	.00	Clear	100	Snow on ground end of month.....	0.0
24	68	50	59	.01	Cloudy	7	Normal for this month.....	3.50
25	68	48	58	.00	Pt. Cldy	88	Deficiency of this month as compared with the normal	2.21
26	68	50	59	.03	Cloudy	0	Accumulated deficiency (—) since Jan. 1.	3.06
27	58	43	50	.00	Clear	76	TOTAL PRECIPITATION THIS MONTH IN	
28	62	42	52	.00	Clear	100	1905-3.43 1906-3.57 1907-11.56 1908-1.12 1909-3.83	
29	67	46	56	.00	Clear	100	1910-3.41 1911-2.00 1912-2.14 1913-3.56 1914-0.20	
30	68	42	55	.00	Clear	85	1915-1.29	
Mean	77	58	67	1.29		64	WIND.	
							Prevailing direction	S.
							Total movement.....	4,860 miles
							Average hourly velocity	6.8
							Maximum velocity (in five minutes) 37 miles per hour, from N. W. on 26th.	
							WEATHER.	
							Number of days, clear.....	12
							Partly cloudy.....	10
							Cloudy	8
							On which .or inch, or more, occurred..	7
							MISCELLANEOUS PHENOMENA (dates of).	
							Auroras	28, 29
							Frost, light.....	23, 28
							Thunderstorms.....	16, 17, 21
							Fog	3, 25

NOTE.—"T" indicates trace of precipitation.

WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 76 p. c.

WEATHER BUREAU.

OCTOBER, 1915

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

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DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1915.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, October, 1914.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut..	1,223,583	2,674	92	1,140	1,388	13.6	13.0	295	102	393
2	Ansonia,	16,454	48	3	25	17	12.3*	12.6	6	3	3
3	Branford,	6,226	19	..	8	10	19.2	15.5	1	1	3
4	Bridgeport,	118,434	298	12	136	135	12.8	14.2	36	13	25
5	Bristol,	15,536	31	1	5	12	9.2	18.3	2	1	6
6	Danbury,	25,627	46	..	17	27	10.3	10.9	5	2	5
7	Derby,	9,548	26	1	12	19	18.8	8.9	6	1	3
8	East Hartford,	9,050	17	..	6	10	13.2	9.5	1	1	4
9	Enfield,	11,312	30	1	20	15	15.8	15.3	6	2	4
10	Fairfield,	7,001	14	2	6	8	13.7	7.0	1	..	4
11	Glastonbury,	5,078	17	..	2	5	11.7	7.1	2	1	2
12	Greenwich,	18,724	21	2	18	16	10.2	9.2	5	1	6
13	Groton,	6,776	9	2	2	5	8.8	1.7	..	1	2
14	Hamden,	6,494	15	1	5	5	9.2	11.3	2	..	1
15	Hartford,	108,969	330	11	130	156	14.2	10.1	37	11	34
16	Huntington,	7,058	13	1	3	11	11.9	10.3	1	1	2
17	Killingly,	6,420	16	..	6	4	7.4	20.4	1	1	1
18	Manchester,	15,243	32	2	21	10	7.8	7.2	3	2	3
19	Meriden,	33,842	62	3	32	48	12.0	9.3	8	2	12
20	Middletown,	22,468	49	4	13	36	8.5	10.7	2	..	15
21	Naugatuck,	13,872	33	..	8	14	12.1	10.5	2	1	5
22	New Britain,	52,203	157	8	59	46	10.3	10.7	20	5	8
23	New Haven,	147,095	367	17	164	157	11.8	12.0	21	16	48
24	New London,	20,771	47	..	24	30	10.5	10.5	4	2	5
25	New Milford,	5,118	8	..	3	5	11.7	4.6	1	..	2
26	Norwalk,	26,466	41	1	23	27	11.7	11.1	8	..	6
27	Norwich,	29,225	63	..	35	56	21.3	10.9	11	4	19
28	Orange,	13,527	21	1	9	13	8.8	6.4	2	..	6
29	Plainfield,	7,719	11	1	4	8	12.4	12.8	3	2	1
30	Plymouth,	6,177	12	..	9	5	9.6	8.1	4	..	1
31	Putnam,	7,245	9	1	7	6	9.9	8.2	1	..	3
32	Seymour,	5,442	12	1	5	7	15.4	13.6	3	1	3
33	Southington,	6,836	14	1	4	12	21.0	17.7	6	..	..
34	Stafford,	5,726	4	1	3	5	10.4	12.8	1	..	1
35	Stamford,	34,107	75	1	35	41	14.0	12.4	8	1	12
36	Stonington,	9,477	14	1	8	14	17.7	15.3	1	2	7
37	Stratford,	6,796	21	..	8	5	8.8	16.5	1	..	1
38	Torrington,	19,153	43	1	19	17	10.6	11.6	4	1	3
39	Vernon,	9,405	21	..	8	5	6.3	11.5	..	..	1
40	Wallingford,	12,290	30	..	5	4	3.9	7.9	1	..	2
41	Waterbury,	84,745	189	4	87	76	9.9	13.0	20	11	11
42	West Hartford,	5,663	11	..	2	23	14.8	15.3	14	2	5
43	Winchester,	9,161	25	1	10	15	17.0	13.2	3	1	2
44	Windham,	13,904	24	1	15	22	16.3	15.8	3	1	10
Total of above towns, . . .		1,002,383	2,345	87	1,021	1,162	13.9	12.7	267	94	297
Towns of less than 5,000, . .		221,200	329	5	119	226	12.2	11.6	28	8	96

* Non-resident deaths in public Institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF OCTOBER, 1915.

FOR SEPTEMBER, 1915.

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.						
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Cancer.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths in Institutions.	Deaths of Non-residents.	Line Number.	
17	I	I	16	17	3	116	11	87	I	3	106	113	77	14	2	364	161		
I	2	..	..	..	..	I	..	..	2	2	3	..	..	..	..	2	
I	I	..	I	..	2	..	..	..	..	3	..	..	..	..	3	
I	I	..	4	5	..	9	I	8	..	..	14	16	6	I	..	56	8	4	
..	I	..	I	..	..	I	I	I	..	..	..	..	5	
..	2	I	..	..	..	2	..	..	..	I	2	I	..	8	5	6	
I	I	..	..	..	..	..	..	I	I	..	..	..	4	4	7	
..	I	I	..	..	..	..	8	
..	I	..	..	..	..	I	4	I	..	..	..	..	9	
..	I	..	I	..	I	..	..	..	..	..	10	
..	I	..	3	..	..	I	I	..	I	..	3	..	11	
I	I	..	..	..	..	I	..	..	..	I	I	..	..	..	..	12	
2	2	..	5	I	10	..	..	15	20	11	3	I	67	27	13	
..	4	..	..	..	..	..	I	I	..	4	4	16	14	
..	2	..	I	I	..	..	..	..	..	I	..	..	..	..	..	17	
..	2	..	..	..	..	..	18	
..	I	I	17	..	5	..	..	2	5	I	..	..	18	14	19	
..	2	..	I	..	..	2	I	2	I	..	22	20	20	
..	I	I	4	..	..	..	I	I	..	..	..	..	21	
4	2	..	..	I	I	4	..	..	5	7	2	..	..	6	I	22	
2	I	..	12	3	10	..	..	16	5	13	2	..	57	12	23	
..	3	..	2	..	..	..	4	3	..	I	10	4	24	
I	I	..	..	..	..	..	25	
..	2	..	3	..	..	I	3	I	I	..	5	I	26	
..	7	I	3	..	I	2	5	2	I	..	12	4	27	
I	3	..	..	..	3	..	28	
..	I	..	I	2	..	..	..	..	..	29	
..	30	
..	I	..	..	I	..	..	..	..	2	..	31	
..	2	..	..	..	..	..	..	I	..	..	..	..	32	
..	I	..	..	..	..	I	..	..	..	..	I	..	..	..	..	33	
..	I	..	..	..	..	34	
..	7	I	2	..	..	4	3	2	..	..	12	I	35	
..	I	..	..	..	..	I	..	..	..	..	36	
..	3	..	I	..	..	2	I	..	..	..	..	..	37	
..	38	
..	I	I	..	I	..	..	..	39	
2	3	..	..	2	..	I	..	..	9	7	5	..	..	22	6	40	
..	3	..	I	..	..	4	3	..	..	..	16	16	41	
..	2	..	I	..	..	I	I	..	..	..	3	2	42	
..	2	..	..	..	..	..	..	..	9	3	43	
17	I	..	16	16	2	88	8	73	I	2	88	103	67	12	2	336	135	..	
..	I	..	..	I	I	28	3	14	..	I	18	10	10	2	..	28	26	..	

† State Sanatoria.

VITAL STATISTICS FOR OCTOBER, 1915.

By mortality reports received there were 1,388 deaths during the month of October. This was 95 less than in September and 65 more than in October of last year, and 51 more than the average number of deaths during October for the five years preceding.

	1915	1914	1913	1912	1911	1910
January	1,525	1,671	1,614	1,600	1,760	1,498
February	1,463	1,623	1,547	1,567	1,556	1,421
March	1,803	1,845	1,704	1,681	1,692	1,632
Total first quarter	4,791	5,139	4,865	4,848	5,008	4,551
April	1,753	1,650	1,507	1,428	1,679	1,505
May	1,420	1,509	1,425	1,406	1,435	1,421
June	1,311	1,233	1,408	1,213	1,175	1,266
Total second quarter	4,484	4,392	4,340	4,047	4,289	4,192
July	1,506	1,440	1,498	1,454	1,635	1,735
August	1,609	1,596	1,535	1,433	1,449	1,426
September	1,483	1,526	1,422	1,392	1,284	1,387
Total third quarter	4,598	4,562	4,455	4,279	4,368	4,548
October	1,388	1,323	1,239	1,397	1,345	1,381

The death rate expressed as an annual rate per 1,000 estimated population was 13.9 for the large towns, for the small towns 12.2, and for the whole state including state institutions 13.6. The deaths from infectious diseases were 171, being 12.3 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

TYPHOID FEVER.—Ansonia, 6; Avon, 1; Bethel, 1; Branford, 2; Bridgeport, 5; Bristol, 1; Canton, 1; Coventry, 1; Derby, 1; East Hartford, 2; East Windsor, 3; Greenwich, 2; Groton, 2; Groton (borough), 2; Hamden, 4; Hartford, 9; Huntington, 1; Manchester, 8; Meriden (city), 3; Milford, 2; Naugatuck, 8; New Britain, 1; New Haven,* 26; New London, 8; North Haven, 1; Norwalk, 5; Norwich (city), 3; Norwich, 1; Orange, 2; Plainfield, 1; Plymouth, 1; Rockville, 1; Southington, 1; Stamford, 2; Stonington, 1; Torrington, 1; Wallingford, 2; Waterbury, 16; Waterford, 2; West Hartford, 2; Wethersfield, 1; Wilton, 1; Windsor Locks, 1.—Total, 145 in 43 towns.

MEASLES.—Bethel, 1; Bridgeport, 5; Danbury, 9; Groton, 9; Hartford, 3; Jewett City, 1; Middletown (city), 1; New Britain, 1; New Haven,

* 5 non-residents.

1; Plainfield, 1; Stonington, 11; Waterbury, 1; Willimantic, 4.—Total, 48 in 13 towns.

SCARLET FEVER.—Bethel, 1; Bridgeport, 13; Danbury, 4; Hartford, 2; Manchester, 2; Mansfield, 5; Meriden (city), 2; Naugatuck, 1; New Britain, 4; New Hartford, 10; New Haven,* 15; New London, 2; Norwalk, 3; Norwich, 4; Plainfield, 2; Plymouth, 3; Rockville, 1; Southington, 3; Sprague, 2; Stamford, 1; Thompson, 3; Wallingford, 2; Waterbury, 2; West Hartford, 3; Windsor, 1.—Total, 91 in 25 towns.

WHOOPING COUGH.—Bethel, "prevalent"; Bridgeport, 1; Cornwall, 2; Derby, "many cases"; East Hartford, 2; Groton, 4; Hamden, 2; Hartford, 4; Huntington, 16; Manchester, 1; New Britain, 1; New Canaan, "epidemic"; New Haven, 20; Norfolk, 1; Rockville, 2; Shelton, 20; Somers, 21; Southington, 4; Stonington, 1.—Total, 102+ in 19 towns.

DIPHTHERIA AND CROUP.—Ansonia, 2; Bethel, 1; Branford, 4; Bridgeport, 33; Bristol, 1; Chester, 1; Danbury, 1; Derby, 3; East Haven, 2; Easton, 1; East Windsor, 5; Enfield, 1; Glastonbury, 3; Greenwich, 3; Groton, 1; Groton (borough), 2; Hamden, 1; Hartford, 38; Manchester, 1; Meriden (city), 1; Meriden, 2; Middletown (city), 1; Middletown, 1; Naugatuck, 2; New Britain, 13; New Haven, 44; New London, 5; New Milford, 1; Norwalk, 3; Norwich, 2; Orange, 3; Plainville, 2; Plymouth, 1; Putnam, 3; Rockville, 4; Rocky Hill, 2; Seymour, 1; South Windsor, 2; Stratford, 6; Thomaston, 1; Tolland, 2; Torrington, 5; Trumbull, 3; Vernon, 1; Wallingford, 2; Waterbury, 9; West Hartford, 1; Winchester, 1; Windsor Locks, 5; Woodstock, 1.—Total, 234 in 50 towns.

TUBERCULOSIS.—Ansonia, 4; Branford, 3; Bridgeport, 29; Bristol, 2; Brookfield, 2; Burlington, 1; Essex, 1; Fairfield, 1; Greenwich, 1; Hartford, 19; Manchester, 2; Mansfield, 1; Meriden (city), 4; Middletown (city), 2; Naugatuck, 2; New Britain, 8; New Haven, 27; New London, 3; Norwalk, 2; Norwich (city), 2; Norwich, 1; Orange, 3; Plymouth, 1; Portland, 1; Preston, 1; Southington, 2; Stafford, 2; Stafford Springs, 3; Stamford, 2; Wallingford, 1; Waterbury, 10; Westbrook, 1; Westport, 1; Winchester, 2; Woodbury, 1.—Total, 148 in 35 towns.

CEREBRO SPINAL MENINGITIS.—Lebanon, 2; New Canaan, 1.—Total, 3 in 2 towns.

INFANTILE PARALYSIS.—Bridgeport, 1; Chester, 3; East Lyme, 1; Hartford, 4; New Britain, 1; New Haven, 1; New London, 2; Norwich, 1; Saybrook, 1; Waterford, 1.—Total, 16 in 10 towns.

* Non-resident, 1.

OPHTHALMIA NEONATORUM.—Hartford, 1.

In addition to the above the Health Officers of 85 towns report that they have not been notified of any infectious diseases.

All the Health Officers of New Haven, Windham, Middlesex and Tolland Counties have reported, but the Health Officers of the following towns have not reported:

Hartford County.—Farmington, Newington.

New London County.—Bozrah.

Fairfield County.—Darien, Newtown.

Litchfield County.—Bridgewater.

The following DEATHS from infectious diseases are reported by the REGISTRARS in towns of less than 5,000 population:

SCARLET FEVER.—Thompson, 1.

DIPHTHERIA.—Thomaston, 1.

LA GRIPPE.—Sherman, 1.

TUBERCULOSIS.—Bethel, 1; Burlington, 1; New Canaan, 1; Norfolk, 1; Portland, 1; Salisbury, 1; Watertown, 2; Windsor, 1; Windsor Locks, 1; Woodbury, 1.

The registrars of the following towns have made no report for October:—Avon, Canaan, Cornwall, Hampton, Madison, Morris, Newtown, Saybrook, Union, Voluntown, Warren. Total, 11.

Report of Specimens examined at the Laboratory of the State Board of Health during the Month of October, 1915:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	20	122		
release	12	93	1	248
Typhoid	71	49	13	133
Tuberculosis	19	87		106
Malaria	0	13		13
Wasserman	41	125	18	184
Glanders	12	9		21
Rabies	1	1		2
Gonococcus	0	3		3
Total specimens examined				710
Samples of milk analyzed				254
" " water examined				60
Sewage and effluents				6
Samples of oil examined				4

VENTILATION.

With the coming of the winter months, there is a tendency to neglect the important subject of ventilation. Windows and doors are kept tightly closed, and in these closed rooms there may be hot fires which soon exhaust the oxygen in the air, and as a result it becomes foul and impure. Infection, if introduced into such a home, is liable to remain. It has been a subject of frequent comment that as soon as it is necessary to close the windows and start fires, sore throats and colds become prevalent. These may be due to irritation of the mucous membrane by dust and gases, or from sudden changes of temperature to which those living in over-heated and unventilated houses are constantly exposed.

The purpose of this article is to urge upon everyone the importance and necessity of frequent ventilation for all the rooms in each and every home. Abundance of fresh, out-door air should be admitted at frequent intervals; lowering windows at the top to allow the hot air at the upper part of the room to escape and opening them also at the bottom to let the fresh air rush in, is one way to ventilate a room. Do one room at a time, then the members of the family will not be exposed to drafts. If only one room comprises the home, put on wraps and exercise while the air is being changed. Ventilation at night is quite as necessary as ventilation by day. Because your sleeping-room may be cold with the windows closed, do not make the mistake of thinking the air therein is fresh. It can never be fresh unless the window is open. Accustom yourself and your children to sleeping in rooms with wide-open windows; it makes for better health for you, and better health for your children.

It is very important that the public at large learn the necessity of ventilation, for when it does it will demand fresh air in the places where the people congregate: churches, schools, lecture halls, theaters, and moving picture houses. GOOD VENTILATION GUARANTEED would be a drawing card for any of the above places, not excepting the church. By observing the simple rules of ventilation in your home both day and night, many illnesses may be avoided and better health result for all the family.

PURE WATER.

The important part that water plays in the welfare of the human race makes it imperative that all supplies should be pure. In large towns and cities, water companies are more and more realizing this necessity and are putting forth much effort and going to great expense in order to maintain the purity of their water supplies. It is in the rural community that there still lurks a danger, and too little attention is paid to the family-well. In many instances the great age of the well,

which has quenched the thirst of honorable ancestors, is told of with great pride. We cannot see with the eye alone, that, in water, which makes it harmful. Water of perfect clearness and seeming purity may contain the deadly germ of typhoid fever, the most common of our water-borne diseases. Country wells are often located close to houses, sometimes between house and barn, so that water may be carried easily to either place, or both well and out-house are situated conveniently near the back door. In the location of these old wells drainage was not considered and contamination was possible from either of these sources by surface wash or underground currents. In the small communities, where to some extent every family is a law unto themselves, they should see, for their own sake at least, that the well is properly located where the water is pure and should protect it from surface water which may run in under the well curb. In riding through the country this past summer, I frequently saw the housewife doing the family washing beside the well. This, no doubt, was one form of efficiency, as she drew the water direct into her tubs, but it is to be supposed that she was equally efficient when it came to emptying the tubs, with the result that the dirty suds percolated directly into the well.

Water supplies at picnic resorts are always an unknown quantity, and it rests with the public to furnish their own supply when visiting such places. Drinking from a brook or stream is a dangerous practice, unless the surroundings along its course are known to be clean and free from infection. Some of the greens used as salads, such as water-cress, should be avoided unless convinced that it is grown where the water is not contaminated by sewage. Lettuce, even though grown in clean soil, may carry the germs of disease if washed in polluted water, and this is also true of fruits that are washed before serving.

Each individual of a community should see that his well is above reproach, for with the many methods by which infection is spread, one bad well may infect the community. The Health Officer of Grand Rapids, Mich., says: "Typhoid fever is a disease too little feared, but that claims annually eight times as many victims in America as in any other country in the world. This is true chiefly because the shallow well for drinking water is the Yankee hobby. The first settlers, intending wells but for temporary use, dug them shallow, yet the same wells are still in use with a dozen-fold sources of contamination."

If in doubt about the water, one easy method by which you can insure safety is to boil all water used for household purposes. This is only a makeshift, as the source of contamination should be sought out and removed, or a new source of supply obtained. Of what use are bubbling fountains and the individual drinking-cup, unless the water within is pure?

LICENSED SPRING WATER DEALERS.

The following is the list of spring water dealers licensed by the State Board of Health to bottle and sell drinking water in Connecticut. In licensing these dealers not only is the water examined chemically and bacteriologically, but an inspector visits the springs to see that they are remote from the possibility of contamination and are protected from dust and surface wash. The dealer must also have proper facilities for cleansing his bottles.

HARTFORD COUNTY.

Name.	Location.
Alcott, R. W. E.	West Hartford
Alling, L. E., Cold Spring	Kensington
Bacon, H. M.	Hartford
Elco Beverage Company	Bristol
Gra-Rock Spring Water Co.	Canton
Norton, William C., Crystal Spring	Kensington
Pequot Spring Water Co. (C. J. Lydiard)	Glastonbury
Tonica Springs Co.	Highland Park
Wawbeek Spring Water Co.	Suffield
Winchester, C. H.	Newington

NEW HAVEN COUNTY.

Arethusa Spring Water Co.	Seymour
Baldwin, M. S., Crescent Hill Spring	Naugatuck
Bailey, George W., Hillside Spring	Meriden
Beecher, LeRoy C.	Westville
Bottume, L. S., Hermitage Spring Water Co.	Montowese
Buttress Spring Water Co.	New Haven
Clyma, E. R., Crescent Water Co.	Oakville
Cullen, J. T., Crystal Spring	Derby
Curtis, C. H., East Hill Spring Water Co.	Derby
Diamond Bottling Corporation	Waterbury
Fenn, R. M., Great Hill Spring	Middlebury
George, Pasquale	Waterbury
Hosley, Byron N., Cherry Hill Spring	Hamden

Name.	Location.
Lodge, Walter B., Silver Spring	Derby
Owen, Henry W., Beaver Spring	Ansonia
Quinnipiac Spring Water Co.	Montowese
Rock Ledge Spring Water Co.	Montowese
Rogers Bros., Camp Meeting Springs	Milford
Sherman, R. W., Live Oak Spring	Meriden
Steeves, Wm. A., East Mountain Spring Water Co.	Waterbury
Stillman Spring Water Co.	Montowese
Voccia, Antonio	Beacon Falls
Wallingford Drug Co.	North Haven

FAIRFIELD COUNTY.

Bailey, H. Ray	Danbury
Baker, Henry, Crystal Rock Spring Water Co.	Stamford
Bard, George H.	Danbury
Bartley, Thomas W.	Danbury
Bartley & Clancy	Danbury
Ellis Mountain Spring Water Co.	Danbury
Fairchild, R. T., Rock Spring Water Co.	Bridgeport
Godfrey, George R., Powhatan Springs	Fairfield
Gray Brothers	New Canaan
Hampshire Co., The	Fairfield
Holly, C., V. S.	Ridgefield
Kenney, D. J.	Bridgeport
Lane, William M., Highland Spring Water Co.	Fairfield
Little, R. S.	Shelton
Livingston, L. DeK.	Greenwich
Mohegan Spring Water Co.	Norwalk
Satan's Kingdom Spring Water Co. (New Hartford)	Greenwich
Sirkin & Smith	Danbury
Tomlinson, J. H., Oronoque Spring	Oronoque
Tuscarora Spring Water Co.	Springdale
Varuna Spring Water Co.	Stamford
Vincent, Albert	Danbury
Washington Springs Co.	Stamford

NEW LONDON COUNTY.

Name.	Location.
Avery, T. W.	Groton
Beach, Albert A.	New London
Gulliver, Arthur H., Showtuck Spring	Norwich Town
Kenyon, Charles H.	Groton
Lamphere & Son, Pequot Mineral Springs	Old Mystic
Tetrault, E. J., Aqua Pura Springs	Versailles
Wilbur, Allison W.	Stonington
Wright, W. W., Manitoct Spring	Waterford

MIDDLESEX COUNTY.

Bartelman, John	Middletown
Carlson, C. B., Granite Rock Spring Water Co.	Higganum
Gilbert, A. W.	Middletown
Harris, G. H., Beach Spring	Middletown
Kelsey Bros.	Middletown
Wilcox, Mrs. W. E., Highland Spring Water Co.	Middletown

LITCHFIELD COUNTY.

Chaffee, J. S., Rillside Spring Water Co.	Sharon
Flynn, W. T., Newfield Spring Water Co.	Torrington
Merwin, W. L., Woodside Spring	Sharon
Monroe, James H.	Lakeside
Richardson, B. H.	Torrington
Smith, C. E., Hi-Land Spring Water Co.	Torrington
Stone, T. J.	Torrington
Waldron, A. A.	Torrington
Zeigler, Edward F.	Litchfield

WINDHAM COUNTY.

Clark, W. E.	Willimantic
Smith, S. Frank, Park Spring	Willimantic

TOLLAND COUNTY.

Campo Bros., Stafford Springs Mineral Water	Stafford Spring
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MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., OCTOBER, 1915.

DATE.	TEMPERATURE			Precipitation. (in inches and hun- dredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.	
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)	
1	58	43	50	.12	Cloudy	0	Mean.....30.09; highest..30.43; date 11	
2	50	46	48	1.31	Cloudy	0	Lowest .....29.63; date 30	
3	56	46	51	.00	Cloudy	0	TEMPERATURE.	
4	69	44	56	.00	Clear	100	Highest..76°; date 21; lowest.....31°; date 25	
5	67	55	61	.15	Cloudy	0	Greatest daily range 29°; .....date 11	
6	58	45	52	.00	Cloudy	14	Least daily range... 4°; .....date 2	
7	63	41	52	.41	Cloudy	17	Mean highest...63.1°; lowest....45.7°	
8	59	48	54	.51	Cloudy	3	MEAN FOR THIS MONTH IN	
9	58	43	50	.00	Pt. Cldy	52	1904-49° 1905-53° 1906-53° 1907-49° 1908-55°	
10	57	40	48	.00	Clear	73	1909-51° 1910-55° 1911-52° 1912-56° 1913-57°	
11	61	32	46	.00	Clear	84	1914-56° 1915-54°	
12	72	47	60	.00	Clear	75	Mean for this month..... 54.4°	
13	75	52	64	.00	Pt. Cldy	77	Normal for this month..... 51.2°	
14	75	57	66	.04	Cloudy	21	Absolute maximum for this month for 12	
15	70	53	62	.01	Cloudy	7	years..... 90°	
16	59	49	54	.00	Cloudy	1	Absolute minimum for this month for 12	
17	74	45	60	.00	Clear	92	years..... 25°	
18	72	47	60	.00	Pt. Cldy	66	Average daily excess this month as com- pared with the normal 3.2°	
19	71	55	63	.00	Cloudy	27	Accumulated excess since Jan. 1 636.0°	
20	66	62	64	.06	Cloudy	0	Average daily excess since Jan. 1..... 2.1°	
21	76	55	66	.00	Clear	73	PRECIPITATION.	
22	60	46	53	.00	Clear	100	Total this month 2.74	
23	50	39	44	.00	Pt. Cldy	83	Total snowfall..... T.	
24	52	36	44	.00	Clear	88	Greatest precipitation in 24 hours,	
25	56	31	44	.00	Clear	88	date 1-2 1.43	
26	65	42	54	.11	Pt. Cldy	32	Snow on ground end of month..... 0.0	
27	68	44	56	.02	Clear	76	Normal for this month..... 3.86	
28	61	38	50	.00	Clear	88	Deficiency of this month as compared with the normal 1.12	
29	65	46	56	.00	Pt. Cldy	61	Accumulated deficiency since Jan. 1.... 4.18	
30	54	48	51	T.	Cloudy	64	TOTAL PRECIPITATION THIS MONTH IN	
31	58	43	50	.00	Clear	100	1904-2.23 1905-2.23 1906-5.54 1907-4.53 1908-1.67	
Mean	63	46	54	2.74		50	1909-1.40 1910-0.77 1911-7.30 1912-1.26 1913-9.25	
							1914-3.05 1915-2.74	
							WIND.	
							Prevailing direction S.	
							Total movement..... 5,333 miles	
							Average hourly velocity 7.2	
							Maximum velocity (in five minutes) 37	
							miles per hour, from N. W. on 30th.	
							WEATHER.	
							Number of days, clear..... 12	
							Partly cloudy..... 6	
							Cloudy 13	
							On which .01 inch, or more, occurred.. 10	
							MISCELLANEOUS PHENOMENA	
							(dates of).	
							Auroras 23	
							Frost: light, 4, 10; heavy, 11; killing, 25	
							Thunderstorms..... 26	
							Fog 7, 11, 21, 25; lunar halos..... 1	

NOTE.—"T" indicates trace of precipitation.

WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 82 p. c.

WEATHER BUREAU.

NOVEMBER-DECEMBER, 1915

MONTHLY BULLETIN

CONNECTICUT

STATE BOARD OF HEALTH

Published Monthly from the Office of the Board, State Capitol, Hartford

Entered at the Post Office, Hartford, Conn., as second class mail matter

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DEATHS REPORTED TO THE STATE BOARD OF ALSO BIRTHS AND MARRIAGES

Line Number	Towns of more than 5,000 Inhabitants.	Estimated Population U. S. Census July 1, 1915.	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, November, 1914.	DEATHS BY AGES.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut..	1,223,583	2,741	106	1,388	1,327	13.0	13.1	219	62	436
2	Ansonia,	16,454	51	4	13	15	10.9*	8.1	4	5	..
3	Branford,	6,226	13	1	3	9	17.3	19.4	3	..	4
4	Bridgeport,	118,434	358	14	145	141	13.6	12.3	29	10	26
5	Bristol,	15,536	45	2	21	16	12.3	7.9	1	1	7
6	Danbury,	25,627	40	5	17	33	14.9	13.3	7	..	10
7	Derby,	9,548	29	1	29	19	20.1	5.0	5	4	5
8	East Hartford,	9,050	14	2	6	3	3.9	9.0	..	1	1
9	Enfield,	11,312	40	1	34	4	4.2	14.2	1	1	..
10	Fairfield,	7,001	12	1	5	9	15.4	10.6	1	..	2
11	Glastonbury,	5,078	11	..	4	2	4.7	11.9	1	..	1
12	Greenwich,	18,724	44	..	33	15	7.6	11.8	..	..	8
13	Groton,	6,776	7	..	6	10	17.7	14.3	..	..	5
14	Hamden,	6,494	11	..	6	3	5.5	17.0	1	..	..
15	Hartford,	108,969	297	11	183	132	11.4	11.8	19	8	32
16	Huntington,	7,058	17	..	9	11	10.2	10.3	1	..	..
17	Killingly,	6,420	7	..	11	9	16.8	16.7	..	..	6
18	Manchester,	15,243	33	4	20	9	7.0	8.8	1	..	3
19	Meriden,	33,842	64	2	42	36	10.6	10.7	2	3	11
20	Middletown,	22,468	42	2	24	34	7.4	14.7	5	1	17
21	Naugatuck,	13,872	28	..	10	14	12.1	7.9	5	1	2
22	New Britain,	52,203	172	6	75	40	9.1	12.1	10	2	15
23	New Haven,	147,095	360	18	204	175	13.2	12.6	30	5	48
24	New London,	20,771	60	2	26	46	22.5	12.2	7	2	12
25	New Milford,	5,118	4	..	4	7	16.4	2.3	1	..	4
26	Norwalk,	26,466	54	1	23	32	14.5	9.2	8	1	12
27	Norwich,	29,225	59	3	38	36	13.5	9.7	5	1	16
28	Orange,	13,527	32	..	16	15	13.3	7.3	1	1	6
29	Plainfield,	7,719	18	..	8	7	10.8	12.8	1	..	3
30	Plymouth,	6,177	13	1	5	3	5.8	6.1	2	..	..
31	Putnam,	7,245	25	..	13	12	19.8	13.2	5	..	1
32	Seymour,	5,442	16	..	6	3	6.6	22.7	1	..	..
33	Southington,	6,836	17	1	2	10	17.5	7.0	4	2	4
34	Stafford,	5,726	6	..	3	4	8.3	8.5	1	..	2
35	Stamford,	34,107	60	1	37	33	10.2	10.9	4	2	11
36	Stonington,	9,477	8	..	13	9	11.3	6.3	..	..	6
37	Stratford,	6,796	13	..	4	10	17.6	16.5	5	1	2
38	Torrington,	19,153	48	2	21	9	5.6	8.3	2	..	6
39	Vernon,	9,405	21	..	6	10	12.7	11.5	1	1	5
40	Wallingford,	12,290	23	..	8	8	5.8	12.9	1	..	3
41	Waterbury,	84,745	178	5	81	76	10.3	11.5	11	3	14
42	West Hartford,	5,663	10	..	2	8	10.5	19.7	2	1	4
43	Winchester,	9,161	19	1	3	12	13.0	7.9	5	..	3
44	Windham,	13,904	44	1	15	13	8.6	10.5	1	1	4
Total of above towns, . .		1,002,383	2,423	92	1,234	1,102	13.1	12.6	194	58	321
Towns of less than 5,000..		221,200	318	14	154	225	12.2	12.3	25	4	115

* Non-resident deaths in public Institutions are not included in the death rates of the towns.

HEALTH FOR THE MONTH OF NOVEMBER, 1915.

FOR OCTOBER, 1915

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.					
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis.	Cancer.	Epidemic Cerebro-Spinal Meningitis.	Infantile Paralysis.	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths in Institutions.	Deaths of Non-residents.	Line Number.
17	2	22	25	6	115	18	78	1	..	115	37	71	18	3	307	139	
..	4	..	1	..	..	..	1	..	..	..	1	1	..	..	..	2
..	1	1	..	..	..	..	..	..	..	..	..	..	3
1	1	2	3	..	12	2	8	..	..	15	6	9	3	2	33	6	4
..	1	..	4	..	3	..	..	..	..	..	..	..	..	..	5
..	2	..	..	5	1	..	..	..	6	..	..	..	..	4	1	6
1	2	..	..	..	1	..	..	..	4	1	2	..	..	6	3	7
1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	8
..	1	..	..	..	..	..	..	..	..	1	..	1	..	..	..	9
..	1	..	3	..	..	..	..	..	..	..	..	..	10
..	1	..	..	1	..	..	..	..	1	3	11
..	1	..	..	2	..	1	..	..	..	..	12
..	1	..	..	1	1	1	..	..	..	..	13
2	1	2	..	7	..	14	..	..	14	6	5	4	..	69	28	14
..	1	..	..	†6	..	..	..	..	1	..	..	..	..	5	5	15
..	1	..	..	..	..	..	..	..	..	..	16
..	2	2	..	..	..	..	1	..	..	..	..	17
1	1	..	†7	..	2	..	..	5	1	2	..	..	8	6	18
..	2	2	..	..	..	4	..	1	..	..	20	20	19
..	1	1	..	1	..	..	..	1	2	..	..	..	..	20
..	1	2	2	1	..	..	..	3	1	3	..	..	4	..	21
2	3	2	..	14	4	12	..	..	23	3	17	2	1	69	12	22
2	2	..	4	1	3	..	..	2	4	2	..	..	10	7	23
..	1	..	..	..	..	..	1	1	..	..	..	..	24
..	1	..	1	3	..	..	..	..	2	1	2	..	..	5	..	25
..	1	..	1	1	†3	..	4	..	..	3	1	2	1	..	8	3	26
..	1	..	..	1	1	..	..	..	..	1	1	..	..	..	27
..	2	..	1	..	..	..	..	..	..	..	..	..	28
..	1	..	..	..	29
..	3	..	1	..	..	1	1	..	..	..	2	..	30
..	1	..	..	1	..	..	..	..	1	..	..	..	..	..	..	31
..	32
..	1	..	..	..	..	1	..	1	..	..	..	..	33
1	1	1	..	..	..	..	1	..	..	..	..	..	..	34
..	1	2	2	2	..	..	1	..	..	..	..	9	4	35
..	1	..	1	..	..	..	..	..	..	..	..	..	36
..	1	..	..	..	1	..	..	2	..	..	..	..	..	..	37
..	1	..	..	1	..	..	..	..	..	..	38
..	1	1	..	1	..	..	..	..	..	1	..	..	..	2	2	39
2	1	8	..	3	..	2	..	..	8	1	3	2	..	17	3	40
..	1	..	..	..	..	..	..	..	..	..	4	3	41
..	1	..	..	2	..	..	..	..	..	..	..	..	..	3	2	42
..	2	..	1	..	..	2	..	1	..	..	4	3	43
14	2	21	25	6	96	16	67	1	..	103	31	59	16	3	283	111	
3	1	..	..	19	2	11	..	..	12	6	12	2	..	24	28	

† State Sanatoria.

VITAL STATISTICS FOR NOVEMBER, 1915.

By mortality reports received there were 1,327 deaths during the month of November. This was 72 less than in October and 7 more than in November of last year, and 67 more than the average number of deaths during November for the five years preceding.

	1915	1914	1913	1912	1911	1910
January	1,525	1,671	1,614	1,600	1,760	1,498
February	1,463	1,623	1,547	1,567	1,556	1,421
March	1,803	1,845	1,704	1,681	1,692	1,632
Total first quarter	4,791	5,139	4,865	4,848	5,008	4,551
April	1,753	1,650	1,507	1,428	1,679	1,505
May	1,420	1,509	1,425	1,406	1,435	1,421
June	1,311	1,233	1,408	1,213	1,175	1,266
Total second quarter	4,484	4,392	4,340	4,047	4,289	4,192
July	1,506	1,440	1,498	1,454	1,635	1,735
August	1,609	1,596	1,535	1,433	1,449	1,426
September	1,483	1,526	1,422	1,392	1,284	1,387
Total third quarter	4,598	4,562	4,455	4,279	4,368	4,548
October	1,399	1,323	1,239	1,397	1,345	1,381
November	1,327	1,320	1,275	1,256	1,196	1,252

The death rate expressed as an annual rate per 1,000 estimated population was 13.1 for the large towns, for the small towns 12.2, and for the whole state including state institutions 13.0. The deaths from infectious diseases were 187, being 14.0 per cent of the total mortality.

The following number of Cases of Infectious Diseases were reported to this Office by the Health Officers of the following towns:

TYPHOID FEVER.—Ansonia, 3; Beacon Falls, 1; Bloomfield, 1; Bridgeport, 3; Canaan, 1; Danbury (city), 2; Darien, 1; East Hartford, 1; East Windsor, 1; Groton (town), 7; Groton (borough), 1; Hamden, 3; Hartford, 9; Meriden (city), 1; Meriden (town), 1; Naugatuck, 1; New Haven, 22; Newington, 1; New London, 6; Norwalk, 3; Sherman, 1; Southbury, 2; Stonington, 1; Thomaston, 3; Thompson, 2; Torrington, 1; Waterbury, 10; Westport, 1; Willimantic, 2.—Total, 92 in 29 towns.

SMALL POX.—Rockville, 1.

MEASLES.—Bethel, 1; Bridgeport, 20; Canterbury, 2; Danbury (city), 20; Danbury (town), 10; Farmington, 1; Groton, 1; Hartford, 8; Naugatuck, 1; New Haven, 1; Plainfield, 18+; Redding, 1; Ridgefield, 1; Stonington, 28, "epidemic"; Waterbury, 1; Watertown, 1; Westport, 1; Willimantic, 5.—Total, 121+ in 18 towns.

SCARLET FEVER.—Bloomfield, 1; Bridgeport, 23; Danbury (city), 13; Derby, 1; East Haven, 2; Fairfield, 1; Greenwich, 3; Griswold, 2; Hamden, 2; Hartford, 9; Killingly, 1; Lebanon, 1; Manchester, 4; Meriden (city), 2; Naugatuck, 2; New Britain, 2; New Hartford, 2; New Haven, 12; New London, 2; Norwich (city), 11; Norwich (town), 5; Plainfield, 5; Plymouth, 2; Putnam, 1; Rockville, 1; Shelton, 1; Southington, 8; Sprague, 2; Stamford, 3; Stratford, 1; Thompson, 2; Torrington, 1; Wallingford, 9; Washington, 1; Waterbury, 4; Watertown, 4; Willimantic, 2; Willington, 1; Windsor, 1.—Total, 150 in 39 towns.

WHOOPING COUGH.—Bethel, "epidemic"; Bridgeport, 5; Brooklyn, "prevalent"; Derby, "many"; East Hartford, 2; Goshen, 1; Groton, "epidemic"; Hartford, 12; Huntington, 21; New Haven, 19; Norfolk, 8; Putnam (city), 5; Shelton, "epidemic"; Southington, 5+; South Windsor, 5; Stamford (city), 4; Stamford (town), 1; Stonington, 10; Waterbury, 3; Willington, 18.—Total, 119+ in 20 towns.

DIPHTHERIA.—Ansonia, 2; Bethel, 4; Bridgeport, 25; Danbury (city), 1; Danbury (town), 1; Danielson, 1; Derby, 3; East Hartford, 4; East Haven, 2; Fairfield, 2; Glastonbury, 1; Greenwich, 1; Groton (borough), 4; Hamden, 1; Hartford, 52; Manchester, 1; Meriden (city), 7; Meriden (town), 4; Middlebury, 2; Naugatuck, 1; New Britain, 10; New Canaan, 15; New Haven, 26; Newington, 1; New London, 12; Norwalk, 6; Norwich (city), 5; Norwich (town), 2; Orange, 5; Plainfield, 2; Plymouth, 3; Preston, 1; Putnam (city), 5; Rocky Hill, 1; Rockville, 4; Shelton, 1; Southington, 1; Sprague, 1; Stafford Springs, 3; Stamford, 3; Sterling, 2; Stratford, 3; Torrington, 3; Waterbury, 27; West Hartford, 3; Wethersfield, 1; Willimantic, 4; Windham, 1; Windsor, 1; Windsor Locks, 1.—Total, 272 in 50 towns.

TUBERCULOSIS.—Ansonia, 1; Branford, 1; Bridgeport, 18; Brookfield, 2; Cheshire, 1; Danbury (city), 2; Fairfield, 1; Farmington, 1; Greenwich, 1; Groton (borough), 1; Hartford, 25; Mansfield, 1; Middletown (city), 2; Middletown (town), 3; Monroe, 1; Naugatuck, 1; New Britain, 6; New Haven, 24; New London, 3; Norwalk, 2; Norwich, 3; Orange, 3; Oxford, 1; Putnam (city), 1; Stafford Springs, 1; Stamford, 4; Thomaston, 1; Wallingford, 3; Washington, 1; Waterbury, 15; West Hartford, 1; Willimantic, 1; Winchester, 3; Woodstock, 1.—Total, 136 in 34 towns.

CEREBRO SPINAL MENINGITIS.—Ansonia, 1; Bridgeport, 1; Middletown (city), 1; Waterbury, 1.—Total, 4 in 4 towns.

INFANTILE PARALYSIS.—Groton, 1; New London, 2; Woodbury, 1.—Total, 4 in 3 towns.

OPHTHALMIA NEONATORUM.—Bridgeport, 1.

In addition to the above the Health Officers of 89 towns report that they have not been notified of any infectious diseases.

All the Health Officers of New Haven, New London, Fairfield, Litchfield, Windham, and Tolland Counties have reported, but the Health Officers of the following towns have not reported:

Hartford County.—Bristol, Simsbury.

Middlesex County.—Haddam.

The following **DEATHS** from infectious diseases are reported by the **REGISTRARS** in towns of less than 5,000, population:

TYPHOID FEVER.—Avon, 1; Beacon Falls, 1; Canton, 1.—Total, 3.

WHOOPING COUGH.—Berlin, 1.

TUBERCULOSIS.—Ashford, 1; Bethel, 1; Burlington, 1; Canaan, 1; Canton, 1; East Granby, 1; Ellington, 1; New Hartford, 1; Newington, 7; Norfolk, 1; Oxford, 1; Ridgefield, 1; Salisbury, 1.—Total, 19.

The registrars of the following towns have made no report for November:—Bloomfield, Eastford, Franklin, Granby, Hartland, Kent, Ledyard, Voluntown, Warren.—9.

Report of Specimens examined at the Laboratory of the State Board of Health during the Month of November, 1915:

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	35	143	3	181
release	12	116		128
school cases	30	344		374
Typhoid	27	40	1	68
Tuberculosis	18	78		96
Syphilis	35	109	12	156
Malaria	2	7		9
Glanders	16	8	1	25
Gonococcus	0	5		5
Rabies	2	0		2
Pus (Staphylococci)	2			2
Total specimens examined				1046
Samples of milk analyzed				234
" " water examined				41
Sewage and effluents examined				4
Oil samples tested				4

BETTER BABIES.

All over the country at the present time there is a movement for the study of infant mortality with a view to decreasing the death rate by bettering living conditions. The slogan everywhere is Better Babies. The first week in March, March 4th to 11th, 1916, is to be a nation-wide baby week, when communities large and small are expected to do special campaigning for better babies. Good work done to improve living conditions in any community is for the well-being of all and should be eagerly welcomed. In the Better Babies campaign is there not something to be said and done more fundamental than for the babies themselves? Should we not start with a campaign for better parents and regulating the production, so that each child may have what is its first right, that of being well born? So long as the degenerates, feeble minded, epileptics and inebriates produce of their kind, just so long will there be a renewed supply of human beings to travel the paths that leads to the reformatories, the school for imbeciles, the jails, the epileptic colony, the farm for inebriates and the ever crowded insane asylums. These physical and mental defects are not so much the result of environment, as of birth or inheritance. Better Babies, yes! by all means, but begin right. Our great economic problems may be helped in the solving when we segregate and prevent reproduction by the unfit and when youth realizes the sacred obligation that is its own when a new life is brought into the world for which it is directly responsible. Better Ideals, Better Morals, Better Parents and as a natural result Better Babies.

RED CROSS CHRISTMAS SEALS.

Red Cross Christmas Seals have come to be an established institution throughout the United States and constitute a convenient medium through which those who are interested, no matter how small their means, may give effective support to the anti-tuberculosis campaign. In this state, last year about \$18,000 was derived from the sale of these seals, a handsome contribution to the cause.

The money thus raised was devoted to the tuberculosis work of the visiting nurse associations throughout the state. It is impossible to calculate the amount of good done by these nurses in alleviating the sufferings of those who have been unable to employ a nurse and to provide for themselves the ordinary necessities of life. Not only do the

nurses care for the sick, but they teach people how to keep from getting sick, how to keep from spreading the disease to others in their family and elsewhere.

The Red Cross seals have been the means of sending patients to the country and the sanatorium where they were restored to health and returned home to care for themselves and their families, becoming thus an economic asset to the state instead of a total loss with added expense.

MORTALITY OF THE INDUSTRIAL POPULATION OF CONNECTICUT.

LOUIS I. DUBLIN, PH.D.

Statistician Metropolitan Life Ins. Co., New York.

Connecticut is essentially an industrial state. The principal facts in the mortality experience of the industrial insurance companies operating in Connecticut should, therefore, be of particular interest. These companies reach the great majority of the working classes. The Metropolitan Life Insurance Company, for example, has insured in its Industrial Department more than one out of every six persons in the State.

In the two years 1913 and 1914 combined, this Company paid 8,000 claims on white and colored lives. These claims corresponded to a death rate of 13.3 per thousand exposed. In the general State population one year of age and over, the rate was 12.4 per thousand for the year 1913 (the last for which official figures are available). From this it is reasonable to conclude that the vitality of the insured public is about the same as that of the general population.

This conclusion is largely confirmed by comparing the returns of the Company and of the general population for the principal causes of death in the two largest cities of the State, Bridgeport and New Haven. The figures are given in the accompanying table.

Tuberculosis of the lungs is the chief cause of death among policy-holders in both cities. The rates in Bridgeport were 193.2 per hundred thousand among the insured and only 84.0 in the general population; in New Haven the corresponding rates were 169.0 for the insured and 112.5 for the general population. But, as Dr. Townsend points out in his Registration Report for 1913, the rates for the general population of these two cities are influenced to a great extent by the number of deaths in State sanatoria. The rate for Bridgeport, when corrected for these

METROPOLITAN LIFE INSURANCE COMPANY—INDUSTRIAL DEPARTMENT—MORTALITY EXPERIENCE, 1913. DEATHS, PROPORTION OF DEATHS, AND DEATH RATES, PRINCIPAL CAUSES. LEADING CITIES OF CONNECTICUT.

City, cause of Death	M. L. I. Co. Experience Ind. Dept. 1913*				General Population, 1 Yr. of Age and Over 1913**		
	No. of Deaths	% of Total Deaths	Rate per 100,000		No. of Deaths	% of Total Deaths	Rate per 100,000
BRIDGEPORT							
All causes.....	230	100.0	1385.6		1268	100.0	1157.3
Typhoid fever.....	1	.4	5.6		7	.6	6.4
Measles, scarlet fever, whooping cough, diphtheria and croup }	5	2.2	30.6		66	5.2	60.2
Tuberculosis of the lungs.....	32	13.9	193.2		92	7.3	84.0
Cancer—all forms.....	12	5.2	72.2		84	6.6	76.7
Organic diseases of the heart.....	29	12.6	175.1		141	11.1	128.7
Pneumonia—all forms.....	28	12.2	169.6		152	12.0	138.7
Nephritis and Bright's disease.....	18	7.9	109.8		178	14.0	162.5
Violent deaths.....	18	7.9	109.8		120	9.5	109.5
All other causes	77	33.5			428	33.8	
NEW HAVEN							
All Causes.....	442	100.0	1309.8		1872	100.0	1350.2
Typhoid fever.....	4	.9	11.8		18	1.0	13.0
Measles, scarlet fever, whooping cough, diphtheria and croup }	14	3.2	41.9		39	2.1	28.1
Tuberculosis of the lungs.....	57	12.9	169.0		156	8.3	112.5
Cancer—all forms.....	33	7.5	98.3		135	7.2	97.4
Organic diseases of the heart.....	52	11.8	154.6		248	13.2	178.9
Pneumonia—all forms.....	52	11.8	154.6		196	10.5	141.4
Nephritis and Bright's disease.....	40	9.1	119.2		183	9.8	132.0
Violent deaths.....	32	7.2	94.3		168	9.0	121.2
All other causes	158	35.2			729	39.0	

* White lives only.

** White and colored lives.

sanatorium deaths, is 131.9, and that for New Haven is 150.7. It is apparent, then, that the discrepancy between the Company's results and those covering the general population of Connecticut is not so great as it would seem at first glance. Such variation as is found may be attributed to the pressure of industrial work upon the group under present consideration. The chief significance of a high tuberculosis mortality lies in the fact that it is most prevalent at the main working period of life, the average age of those dying from this cause being 37 years.

As a result of the care which is taken of the water supplies of the State, typhoid fever mortality is very low in Connecticut; this is shown in the statistics both of the Company and of the general population. The situation in Bridgeport is especially favorable, only one death having occurred among the insured and seven in the city population in the year 1913. The latter figure corresponds to a typhoid death rate of 6.4 per hundred thousand (one year of age and over), the lowest rate attained by any city of the same size in the country. In New Haven, the rate, although higher, shows a marked improvement over rates for previous years.

The infectious diseases of children, including measles, scarlet fever, whooping cough and diphtheria, had a much lower rate among the insured children in Bridgeport; they caused only 2.2 per cent of all the deaths as against 5.3 per cent in the general population. In New Haven, the situation is reversed.

The Metropolitan Life figures for cancer, the organic diseases of the heart, pneumonia and Bright's disease parallel quite closely those for the population at large. Deaths from violence, however, are more highly represented in the general population than among the insured. This is surprising in view of the fact that the industrial classes are more frequently exposed to accidents and other hazards which often result in violent death, and for this reason usually show a greater proportion of deaths from these causes.

The morality among the wage-earning classes of the country at the productive years of life is a matter of great interest to the executives of the life insurance companies. They have in recent years inaugurated campaigns of education against the preventable diseases that have borne fruit. The above Company has instituted a system of visiting nursing of sick policyholders. It has been demonstrated that this program of applied preventive work, in conjunction with general community factors, has resulted in lowering the death rate in the Industrial Department of this Company, among white lives 7.8 per cent in three years, and among colored lives 3.8 per cent in the same period. It is such results as this which give the greatest encouragement to the further extension and development of life conservation activities on the part of insurance companies, especially those organizations which reach the mass of the people.

DOSAGE OF ANTITOXIN IN DIPHTHERIA.

Dr. William H. Park of the New York Research Laboratories in *Health News* gives his conclusions as to the amount of diphtheria antitoxin which should be injected and the method of administration. He advises only a single dose of antitoxin, which in mild cases should be given subcutaneously; in moderate cases, subcutaneously or intramuscularly; and in very severe cases, intravenously or intravenously and intramuscularly. He states that after an experience of twenty years and consultation with many experienced physicians, the dosage given below is advised.

Single dose only.

<i>Mild</i>	Infant, 10 to 30 lbs. (under 2 years)		<i>Malignant</i>
	<i>Moderate</i>	<i>Severe</i>	
2,000-3,000	3,000-5,000	5,000-10,000	10,000
3,000-4,000	Child 30 to 90 lbs. (under 15 years)		15,000-20,000
	4,000-10,000	10,000-15,000	
3,000-5,000	Adult, 90 lbs. and over		20,000-40,000
	5,000-10,000	10,000-20,000	

Method of administration.

Subcutaneous	Intramuscular	Intravenous	Intravenous
or	or	or	
Intramuscular	Subcutaneous	Intramuscular	

A new tooth brush is supplied to each guest each day in first-class hotels in Japan. How does it happen that "heathen Japan" is so far ahead of some Christian countries in that cleanliness which is essential to godliness? And in this connection be it known that fifty per cent. of the tooth brushes of the world are made in Japan.

An act to prevent venereal diseases was passed by the Vermont Legislature at its last session. The act makes it a crime for any person knowing himself to be afflicted with gonorrhea or syphilis to marry. Physicians are required to report cases of venereal diseases and the State Board of Health is required to make and enforce regulations for the quarantine and treating of cases of gonorrhea.

MONTHLY METEOROLOGICAL SUMMARY.

HARTFORD, CONN., NOVEMBER, 1915.

DATE.	TEMPERATURE			Precipitation. (in inches and hundredths.)	Character of day.	Percentage of Sunshine.	ATMOSPHERIC PRESSURE.	
	Maximum.	Minimum.	Mean.				(Reduced to sea level; inches and hundredths.)	
1	69	50	60	.00	Pt. Cldy	78	Mean.....	.30.02; highest..30.50; date 18
2	68	44	56	.02	Pt. Cldy	52	Lowest .....	.29.20; date 19
3	49	39	44	.00	Pt. Cldy	76	TEMPERATURE.	
4	47	32	40	.02	Pt. Cldy	64	Highest..69°; date 1;	lowest....26°; date 27
5	46	40	43	.03	Cloudy	37	Greatest daily range 30°;	.....date 19
6	50	34	42	.00	Clear	92	Least daily range... 6°;	.....date 5
7	54	29	42	.00	Clear	100	Mean highest...50.8°;	lowest....34.7°
8	59	32	46	.00	Clear	87	MEAN FOR THIS MONTH IN	
9	61	44	52	.06	Clear	82	1904-37°	1905-40°
10	50	38	44	.00	Clear	100	1906-41°	1907-42°
11	54	39	46	.00	Cloudy	17	1908-41°	1909-45°
12	61	46	54	.07	Cloudy	0	1910-39°	1911-40°
13	57	40	48	.00	Clear	92	1912-44°	1913-44°
14	50	35	42	.17	Cloudy	7	1914-41°	1915-43°
15	47	36	42	.58	Cloudy	0	Mean for this month.....	
16	43	32	38	.00	Pt. Cldy	69	Normal for this month.....	
17	41	32	36	.00	Pt. Cldy	60	Absolute maximum for this month for 12	
18	47	29	38	.00	Clear	95	years.....	
19	60	30	45	.56	Cloudy	0	Absolute minimum for this month for 12	
20	48	39	44	T.	Cloudy	28	years.....	
21	53	38	46	.03	Cloudy	0	Average daily excess this month as compared	
22	42	31	36	.00	Pt. Cldy	45	with the normal	
23	40	28	34	T.	Cloudy	8	Accumulated excess since Jan. 1	
24	41	30	36	.00	Cloudy	17	Average daily excess since Jan. 1	
25	44	27	36	.00	Clear	89	PRECIPITATION.	
26	52	27	40	.00	Clear	63	Total this month	
27	43	26	34	.01	Cloudy	0	Total snowfall.....	
28	56	31	44	.00	Clear	100	Greatest precipitation in 24 hours,	
29	50	34	42	.14	Cloudy	0	date 14-15.....	
30	42	30	36	.00	Pt. Cldy	41	Snow on ground end of month.....	
Mean	51	35	43	1.75		50	Normal for this month.....	
							Deficiency of this month as compared	
							with the normal	
							Accumulated deficiency since Jan. 1....	
							TOTAL PRECIPITATION THIS MONTH IN	
							1904-1.52 1905-1.77 1906-2.90 1907-4.74 1908-0.92	
							1909-2.01 1910-4.36 1911-4.18 1912-3.53 1913-2.12	
							1914-2.38 1915-1.75	
							WIND.	
							Prevailing direction	
							Total movement.....	
							Average hourly velocity	
							Maximum velocity (in five minutes) 48	
							miles per hour, from S. E. on 19th.	
							WEATHER.	
							Number of days, clear.....	
							Partly cloudy.....	
							Cloudy	
							On which .01 inch, or more, occurred..	
							MISCELLANEOUS PHENOMENA	
							(dates of).	
							Auroras	
							Solar halos	
							Thunderstorms.....	
							Fog 26, 27, 28; lunar halos.....	

NOTE.—"T" indicates trace of precipitation.

WILLIAM W. NEIFERT, Local Forecaster,

Mean monthly relative humidity, 69 p. c.

WEATHER BUREAU.

